


<b>INVITATION TO BID</b>  STATE OF LOUISIANA DIVISION OF ADMINISTRATION OFFICE OF STATE PURCHASING				BIDS WILL BE PUBLICLY OPENED:  <div style="font-size: 1.2em; font-weight: bold;">DEC 17, 2009      10:00 AM</div>																											
=====> <b>VENDOR NO. :</b> <b>SOLICITATION :</b> 2237676 <b>FILE NO. :</b> <b>OPENING DATE :</b> 12/17/09  <div style="border: 1px solid black; height: 80px; width: 100%; margin-top: 10px;"></div>		<b>PURCHASING AGENCY NO. :</b> 107001  <b>SEE NO. 8 BELOW. RETURN BID TO</b> <div style="text-align: right;">10:00 AM</div> <div style="display: flex; justify-content: space-between;"> <span>2237676</span> <span>12/17/09</span> </div> <div style="margin-top: 10px;"> <b>OFFICE OF STATE PURCHASING</b>  <b>OFFICE OF STATE PURCHASING</b>  <b>POST OFFICE BOX 94095</b>  <b>BATON ROUGE, LA 70804-9095</b> </div> <div style="margin-top: 20px;"> <table style="width: 100%;"> <tr> <td style="width: 60%;">BUYER</td> <td style="width: 40%;">: PAULETTE HOOD</td> </tr> <tr> <td>BUYER PHONE</td> <td>: (225) 342-8040</td> </tr> <tr> <td>DATE ISSUED</td> <td>: 11/24/09</td> </tr> <tr> <td>REQ. AGENCY</td> <td>: 333040</td> </tr> <tr> <td colspan="2" style="text-align: right;">SOUTHEAST LA. HOSPITAL</td> </tr> <tr> <td>AGENCY REQ. NO.</td> <td>: 2986</td> </tr> <tr> <td>ISIS REQ. NO.</td> <td>: 1329152</td> </tr> <tr> <td>VENDOR PHONE</td> <td>:</td> </tr> <tr> <td>FISCAL YEAR</td> <td>: 10</td> </tr> <tr> <td>CLASS/SUBCLASS</td> <td>: 96148</td> </tr> <tr> <td>SCHEDULED BEGIN DATE</td> <td>: 02/01/10</td> </tr> <tr> <td>SCHEDULED END DATE</td> <td>: 01/31/11</td> </tr> <tr> <td>T-NUMBER</td> <td>: SEH01</td> </tr> </table> </div>				BUYER	: PAULETTE HOOD	BUYER PHONE	: (225) 342-8040	DATE ISSUED	: 11/24/09	REQ. AGENCY	: 333040	SOUTHEAST LA. HOSPITAL		AGENCY REQ. NO.	: 2986	ISIS REQ. NO.	: 1329152	VENDOR PHONE	:	FISCAL YEAR	: 10	CLASS/SUBCLASS	: 96148	SCHEDULED BEGIN DATE	: 02/01/10	SCHEDULED END DATE	: 01/31/11	T-NUMBER	: SEH01
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<div style="border: 1px solid black; width: 100%; height: 80px; margin: 0 auto;"></div> <div style="text-align: center; font-weight: bold; margin-top: 5px;">         FILL IN VENDOR NUMBER (FEIN), NAME AND ADDRESS ABOVE, BEFORE SUBMITTING BID.       </div>																															
<i>REFERRAL LAB SERVICE FOR SOUTHEAST HOSP.</i> <i>FOR THE PERIOD 02/01/10 - 01/31/11</i>																															
TO BE COMPLETED BY VENDOR																															
1. _____ PLEASE REMOVE FROM THIS COMMODITY CODE. 2. _____ DELIVERY WILL BE MADE IN THIS NUMBER OF DAYS AFTER RECEIPT OF ORDER. 3. _____ % CASH DISCOUNT FOR PROMPT PAYMENT IF MADE WITHIN THIRTY (30) DAYS. CASH DISCOUNTS FOR LESS THAN 30 DAYS OR LESS THAN 1% WILL BE ACCEPTED, BUT WILL NOT BE CONSIDERED IN DETERMINING AWARDS. ON INDEFINITE QUANTITY TERM CONTRACTS, CASH DISCOUNTS WILL BE ACCEPTED AND TAKEN BUT WILL NOT BE CONSIDERED IN DETERMINING AWARDS. 4. _____ BID BOND ATTACHED, _____ CERTIFIED CHECK ATTACHED, _____ OTHER, IF REQUIRED. 5. _____ BID REFERENCE NUMBER. (THIS NUMBER WILL APPEAR ON RESULTING ORDER OR CONTRACT).																															
INSTRUCTIONS TO BIDDERS																															
1. READ THE ENTIRE BID, INCLUDING ALL TERMS AND CONDITIONS AND SPECIFICATIONS. 2. ALL BID PRICES MUST BE TYPED OR WRITTEN IN INK. ANY CORRECTIONS, ERASURES OR OTHER FORMS OF ALTERATION TO UNIT PRICES SHOULD BE INITIALED BY THE BIDDER. 3. THIS BID IS TO BE MANUALLY SIGNED IN INK. <span style="float: right;">FOLD HERE--&gt;</span> 4. BID PRICES SHALL INCLUDE DELIVERY OF ALL ITEMS F.O.B. DESTINATION OR AS OTHERWISE PROVIDED. BIDS CONTAINING "PAYMENT IN ADVANCE" OR "C.O.D" REQUIREMENTS MAY BE REJECTED. PAYMENT IS TO BE MADE WITHIN 30 DAYS AFTER RECEIPT OF PROPERLY EXECUTED INVOICE OR DELIVERY, WHICHEVER IS LATER. 5. AMOUNT OF BID BOND REQUIRED: _____ N/A _____ . 6. AMOUNT OF PERFORMANCE BOND, IF REQUIRED. _____ OR _____ 0% _____ OF BID. 7. DESIRED DELIVERY: _____ 010DAYS ARO 8. TO ASSURE CONSIDERATION OF YOUR BID, ALL BIDS AND ADDENDA SHOULD BE RETURNED IN AN ENVELOPE OR PACKAGE CLEARLY MARKED WITH THE BID OPENING DATE AND THE BID NUMBER, OR SUBMITTED IN THE SPECIAL ENVELOPE IF FURNISHED FOR THAT PURPOSE. 9. BIDS SUBMITTED ARE SUBJECT TO PROVISIONS OF THE LAWS OF THE STATE OF LOUISIANA INCLUDING BUT NOT LIMITED TO L.R.S. 39:1551-1736; PURCHASING RULES AND REGULATIONS; EXECUTIVE ORDERS; STANDARD TERMS AND CONDITIONS; SPECIAL CONDITIONS; AND SPECIFICATIONS LISTED IN THIS SOLICITATION. 10. IMPORTANT: BY SIGNING THE BID, THE BIDDER CERTIFIES COMPLIANCE WITH ALL INSTRUCTIONS TO BIDDERS, TERMS, CONDITIONS AND SPECIFICATIONS, AND FURTHER CERTIFIES THAT THIS BID IS MADE WITHOUT COLLUSION OR FRAUD. THIS BID IS TO BE MANUALLY SIGNED IN INK BY A PERSON AUTHORIZED TO BIND THE VENDOR (SEE NO.30). ALL BID INFORMATION SHALL BE MADE WITH INK OR TYPEWRITTEN.																															
<b>VENDOR PHONE NUMBER:</b> <b>FAX NUMBER:</b>		<b>TITLE</b>		<b>DATE</b>																											
<b>SIGNATURE OF AUTHORIZED BIDDER - SEE NO. 30, PAGE 3.</b> <b>(MUST BE SIGNED)</b>			<b>NAME OF BIDDER</b> <b>(TYPED OR PRINTED)</b>																												

STANDARD TERMS & CONDITIONS		INVITATION TO BID	
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<p>11 ADDRESS ALL INQUIRIES AND CORRESPONDENCE TO THE BUYER AT THE PHONE AND ADDRESS SHOWN ABOVE.</p> <p>12. CONFERENCE: NA NA NA</p> <p>13. BID FORMS. ALL WRITTEN BIDS, UNLESS OTHERWISE PROVIDED FOR, MUST BE SUBMITTED ON, AND IN ACCORDANCE WITH, FORMS PROVIDED, PROPERLY SIGNED (SEE NO. 30). BIDS SUBMITTED IN THE FOLLOWING MANNER WILL NOT BE ACCEPTED: A. BID CONTAINS NO SIGNATURE INDICATING INTENT TO BE BOUND; B. BID FILLED OUT IN PENCIL; AND C. BID NOT SUBMITTED ON THE STATE'S STANDARD FORMS.</p> <p>BIDS MUST BE RECEIVED AT THE ADDRESS SPECIFIED IN THE SOLICITATION PRIOR TO BID OPENING TIME IN ORDER TO BE CONSIDERED. TELEGRAPHIC AND FAX ALTERATIONS TO BIDS RECEIVED BEFORE BID OPENING TIME WILL BE CONSIDERED PROVIDED FORMAL BID AND WRITTEN ALTERATION HAVE BEEN RECEIVED AND TIME-STAMPED BEFORE BID OPENING TIME. ENTIRE BID SHOULD BE RETURNED, EXCEPT ITEM PAGES NOT BID.</p> <p>14. STANDARDS OF QUALITY. ANY PRODUCT OR SERVICE BID SHALL CONFORM TO ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS AND THE SPECIFICATIONS CONTAINED IN THE SOLICITATION. UNLESS OTHERWISE SPECIFIED IN THE SOLICITATION, ANY MANUFACTURER'S NAME, TRADE NAME, BRAND NAME, OR CATALOG NUMBER USED IN THE SPECIFICATION IS FOR THE PURPOSE OF DESCRIBING THE STANDARD OF QUALITY, PERFORMANCE, AND CHARACTERISTICS DESIRED AND IS NOT INTENDED TO LIMIT OR RESTRICT COMPETITION. BIDDER MUST SPECIFY THE BRAND AND MODEL NUMBER OF THE PRODUCT OFFERED IN HIS BID. BIDS NOT SPECIFYING BRAND AND MODEL NUMBER SHALL BE CONSIDERED AS OFFERING THE EXACT PRODUCTS SPECIFIED IN THE SOLICITATION.</p> <p>15. DESCRIPTIVE INFORMATION. BIDDERS PROPOSING AN EQUIVALENT BRAND OR MODEL SHOULD SUBMIT WITH THE BID INFORMATION (SUCH AS ILLUSTRATIONS, DESCRIPTIVE LITERATURE, TECHNICAL DATA) SUFFICIENT FOR STATE OF LOUISIANA TO EVALUATE QUALITY, SUITABILITY, AND COMPLIANCE WITH THE SPECIFICATIONS IN THE SOLICITATION. FAILURE TO SUBMIT DESCRIPTIVE INFORMATION MAY CAUSE BID TO BE REJECTED. ANY CHANGE MADE TO A MANUFACTURER'S PUBLISHED SPECIFICATIONS SUBMITTED FOR A PRODUCT SHALL BE VERIFIABLE BY THE MANUFACTURER. IF ITEM(S) BID DO NOT FULLY COMPLY WITH SPECIFICATIONS (INCLUDING BRAND AND/OR PRODUCT NUMBER), BIDDER MUST STATE IN WHAT RESPECT ITEM(S) DEVIATE. FAILURE TO NOTE EXCEPTIONS ON THE BID FORM WILL NOT RELIEVE THE SUCCESSFUL BIDDER(S) FROM SUPPLYING THE ACTUAL PRODUCTS REQUESTED.</p> <p>16. BID OPENING. BIDDERS MAY ATTEND THE BID OPENING, BUT NO INFORMATION OR OPINIONS CONCERNING THE ULTIMATE CONTRACT AWARD WILL BE GIVEN AT THE BID OPENING OR DURING THE EVALUATION PROCESS. BIDS MAY BE EXAMINED WITHIN 72 HOURS AFTER BID OPENING. INFORMATION PERTAINING TO COMPLETED FILES MAY BE SECURED BY VISITING THE STATE OF LOUISIANA DURING NORMAL WORKING HOURS. WRITTEN BID TABULATIONS WILL NOT BE FURNISHED.</p> <p>17. AWARDS. THE STATE OF LOUISIANA RESERVES THE RIGHT TO AWARD ITEMS SEPARATELY, GROUPED OR ON AN ALL-OR-NONE BASIS AND TO REJECT ANY OR ALL BIDS AND WAIVE ANY INFORMALITIES.</p> <p>18. PRICES . UNLESS OTHERWISE SPECIFIED BY THE STATE OF LOUISIANA IN THE SOLICITATION, BID PRICES MUST BE COMPLETE, INCLUDING TRANSPORTATION PREPAID BY BIDDER TO DESTINATION AND FIRM FOR ACCEPTANCE FOR A MINIMUM OF 30 DAYS. IF ACCEPTED, PRICES MUST BE FIRM FOR THE CONTRACTUAL PERIOD. BIDS OTHER THAN F.O.B. DESTINATION MAY BE REJECTED. PRICES SHOULD BE QUOTED IN THE UNIT (EACH, BOX, CASE, ETC.) AS SPECIFIED IN THE SOLICITATION.</p> <p>19. DELIVERIES. BIDS MAY BE REJECTED IF THE DELIVERY TIME INDICATED IS LONGER THAN THAT SPECIFIED IN THE SOLICITATION.</p> <p>20. TAXES. VENDOR IS RESPONSIBLE FOR INCLUDING ALL APPLICABLE TAXES IN THE BID PRICE. STATE AGENCIES ARE EXEMPT FROM ALL STATE AND LOCAL SALES AND USE TAXES.</p>			

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<p>21. NEW PRODUCTS.          UNLESS SPECIFICALLY CALLED FOR IN THE SOLICITATION, ALL PRODUCTS FOR PURCHASE MUST BE NEW, NEVER PREVIOUSLY USED, AND THE CURRENT MODEL AND/OR PACKAGING. NO REMANUFACTURED, DEMONSTRATOR, USED OR IRREGULAR PRODUCT WILL BE CONSIDERED FOR PURCHASE UNLESS OTHERWISE SPECIFIED IN THE SOLICITATION. THE MANUFACTURER'S STANDARD WARRANTY WILL APPLY UNLESS OTHERWISE SPECIFIED IN THE SOLICITATION.</p> <p>22. CONTRACT RENEWALS.          UPON AGREEMENT OF THE STATE OF LOUISIANA AGENCY AND THE CONTRACTOR, A TERM CONTRACT MAY BE EXTENDED FOR 2 ADDITIONAL 12-MONTH PERIODS AT THE SAME PRICES, TERMS AND CONDITIONS. IN SUCH CASES, THE TOTAL CONTRACT TERM CANNOT EXCEED 36 MONTHS.</p> <p>23. CONTRACT CANCELLATION.          THE STATE OF LOUISIANA HAS THE RIGHT TO CANCEL ANY CONTRACT, IN ACCORDANCE WITH PURCHASING RULES AND REGULATIONS, FOR CAUSE, INCLUDING BUT NOT LIMITED TO, THE FOLLOWING: (1) FAILURE TO DELIVER WITHIN THE TIME SPECIFIED IN THE CONTRACT; (2) FAILURE OF THE PRODUCT OR SERVICE TO MEET SPECIFICATIONS, CONFORM TO SAMPLE QUALITY OR TO BE DELIVERED IN GOOD CONDITION; (3) MISREPRESENTATION BY THE CONTRACTOR; (4) FRAUD, COLLUSION, CONSPIRACY OR OTHER UNLAWFUL MEANS OF OBTAINING ANY CONTRACT WITH THE STATE; (5) CONFLICT OF CONTRACT PROVISIONS WITH CONSTITUTIONAL OR STATUTORY PROVISIONS OF STATE OR FEDERAL LAW; (6) ANY OTHER BREACH OF CONTRACT.</p> <p>24. DEFAULT OF CONTRACTOR.          FAILURE TO DELIVER WITHIN THE TIME SPECIFIED IN THE BID WILL CONSTITUTE A DEFAULT AND MAY CAUSE CANCELLATION OF THE CONTRACT. WHERE THE STATE HAS DETERMINED THE CONTRACTOR TO BE IN DEFAULT, THE STATE RESERVES THE RIGHT TO PURCHASE ANY OR ALL PRODUCTS OR SERVICES COVERED BY THE CONTRACT ON THE OPEN MARKET AND TO CHARGE THE CONTRACTOR WITH COST IN EXCESS OF THE CONTRACT PRICE. UNTIL SUCH ASSESSED CHARGES HAVE BEEN PAID, NO SUBSEQUENT BID FROM THE DEFAULTING CONTRACTOR WILL BE CONSIDERED.</p> <p>25. ORDER OF PRIORITY.          IN THE EVENT THERE IS A CONFLICT BETWEEN THE INSTRUCTIONS TO BIDDERS OR STANDARD CONDITIONS AND THE SPECIAL CONDITIONS, THE SPECIAL CONDITIONS SHALL GOVERN.</p> <p>26. APPLICABLE LAW.          ALL CONTRACTS SHALL BE CONSTRUED IN ACCORDANCE WITH AND GOVERNED BY THE LAWS OF THE STATE OF LOUISIANA.</p> <p>27. COMPLIANCE WITH CIVIL RIGHTS LAWS.          BY SUBMITTING AND SIGNING THIS BID, BIDDER AGREES TO ABIDE BY THE REQUIREMENTS OF THE FOLLOWING AS APPLICABLE: TITLE VI AND VII OF THE CIVIL RIGHTS ACT OF 1964, AS AMENDED BY THE EQUAL OPPORTUNITY ACT OF 1972, FEDERAL EXECUTIVE ORDER 11246, FEDERAL REHABILITATION ACT OF 1973, AS AMENDED, THE VETERAN'S READJUSTMENT ASSISTANCE ACT OF 1974, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE ACT OF 1975, AND BIDDER AGREES TO ABIDE BY THE REQUIREMENTS OF THE AMERICANS WITH DISABILITIES ACT OF 1990. BIDDER AGREES NOT TO DISCRIMINATE IN ITS EMPLOYMENT PRACTICES, AND WILL RENDER SERVICES UNDER ANY CONTRACT ENTERED INTO AS A RESULT OF THIS SOLICITATION WITHOUT REGARD TO RACE, COLOR, RELIGION, SEXUAL ORIENTATION, NATIONAL ORIGIN, VETERAN STATUS, POLITICAL AFFILIATION, OR DISABILITIES. ANY ACT OF DISCRIMINATION COMMITTED BY BIDDER, OR FAILURE TO COMPLY WITH THESE STATUTORY OBLIGATIONS WHEN APPLICABLE, SHALL BE GROUNDS FOR TERMINATION OF ANY CONTRACT ENTERED INTO AS A RESULT OF THIS SOLICITATION.</p> <p>28. SPECIAL ACCOMMODATION.          ANY "QUALIFIED INDIVIDUAL WITH A DISABILITY" AS DEFINED BY THE AMERICANS WITH DISABILITIES ACT WHO HAS SUBMITTED A BID AND DESIRES TO ATTEND THE BID OPENING, MUST NOTIFY THIS OFFICE IN WRITING NOT LATER THAN SEVEN DAYS PRIOR TO THE BID OPENING DATE OF THEIR NEED FOR SPECIAL ACCOMMODATIONS. IF THE REQUEST CANNOT BE REASONABLY PROVIDED, THE INDIVIDUAL WILL BE INFORMED PRIOR TO THE BID OPENING.</p> <p>29. INDEMNITY.          CONTRACTOR AGREES, UPON RECEIPT OF WRITTEN NOTICE OF A CLAIM OR ACTION, TO DEFEND THE CLAIM OR ACTION, OR TAKE OTHER APPROPRIATE MEASURE, TO INDEMNIFY, AND HOLD HARMLESS, THE STATE, ITS OFFICERS, ITS AGENTS AND ITS EMPLOYEES FROM AND AGAINST ALL CLAIMS AND ACTIONS FOR BODILY INJURY, DEATH OR PROPERTY DAMAGES CAUSED BY THE FAULT OF THE CONTRACTOR, ITS OFFICERS, ITS AGENTS, OR ITS EMPLOYEES. CONTRACTOR IS OBLIGATED TO INDEMNIFY ONLY TO THE EXTENT OF THE FAULT OF THE CONTRACTOR, ITS OFFICERS, ITS AGENTS, OR ITS EMPLOYEES. HOWEVER, THE CONTRACTOR SHALL HAVE NO OBLIGATION AS SET FORTH ABOVE WITH RESPECT TO ANY CLAIM OR ACTION FROM BODILY INJURY, DEATH OR PROPERTY DAMAGES ARISING OUT OF THE FAULT OF THE STATE, ITS OFFICERS, ITS AGENTS OR ITS EMPLOYEES.</p> <p>30. SIGNATURE AUTHORITY.          IN ACCORDANCE WITH L.R.S. 39:1594 (ACT 121), THE PERSON SIGNING THE BID MUST BE:</p> <ol style="list-style-type: none"> <li>1. A CURRENT CORPORATE OFFICER, PARTNERSHIP MEMBER OR OTHER INDIVIDUAL SPECIFICALLY AUTHORIZED TO SUBMIT A BID AS REFLECTED IN THE APPROPRIATE RECORDS ON FILE WITH THE SECRETARY OF STATE; OR</li> <li>2. AN INDIVIDUAL AUTHORIZED TO BIND THE VENDOR AS REFLECTED BY A CORPORATE RESOLUTION, CERTIFICATE OR AFFIDAVIT; OR</li> <li>3. OTHER DOCUMENTS INDICATING AUTHORITY WHICH ARE ACCEPTABLE TO THE PUBLIC ENTITY.</li> </ol>			

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BID DELIVERY INSTRUCTIONS FOR STATE PURCHASING:

BIDDERS ARE HEREBY ADVISED THAT THE U.S. POSTAL SERVICE DOES NOT MAKE DELIVERIES TO OUR PHYSICAL LOCATION.

BIDS MAY BE MAILED THROUGH THE U.S. POSTAL SERVICE TO OUR BOX AT:  
 OFFICE OF STATE PURCHASING  
 P O BOX 94095  
 BATON ROUGE LA 70804-9095

BIDS MAY BE DELIVERED BY HAND OR COURIER SERVICE TO OUR PHYSICAL LOCATION AS FOLLOWS:

OFFICE OF STATE PURCHASING  
 CLAIBORNE BUILDING, SUITE 2-160  
 1201 NORTH THIRD STREET  
 BATON ROUGE, LA 70802

BIDDER IS SOLELY RESPONSIBLE FOR ENSURING THAT ITS COURIER SERVICE PROVIDER MAKES INSIDE DELIVERIES TO OUR PHYSICAL LOCATION. THE OFFICE OF STATE PURCHASING IS NOT RESPONSIBLE FOR ANY DELAYS CAUSED BY THE BIDDER'S CHOSEN MEANS OF BID DELIVERY.

BIDDER IS SOLELY RESPONSIBLE FOR THE TIMELY DELIVERY OF ITS BID. FAILURE TO MEET THE BID OPENING DATE & TIME SHALL RESULT IN REJECTION OF THE BID.

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 PUBLICIZING AWARDS. IN ACCORDANCE WITH L.A.C.34:I.535, UNSUCCESSFUL BIDDERS WILL BE NOTIFIED OF THE AWARD PROVIDED THAT THEY SUBMIT WITH THEIR BID A SELF-ADDRESSED STAMPED ENVELOPE REQUESTING THIS INFORMATION.  
 \*\*\*\*\*

**\*\*ATTENTION:\*\***

RECEIPT OF A SOLICITATION OR AWARD CANNOT BE RELIED UPON AS AN ASSURANCE OF RECEIVING FUTURE SOLICITATIONS. IN ORDER TO RECEIVE FUTURE SOLICITATIONS/AWARDS FROM THIS OFFICE, YOU MUST ENROLL IN THE PROPER CATEGORY ON LAPAC AT THE FOLLOWING WEB SITE:  
[HTTP://WWWPRD.DOA.LOUISIANA.GOV/OSP/LAPAC/PUBMAIN.ASP](http://wwwprd.doa.louisiana.gov/osp/lapac/pubmain.asp)  
 ENROLLMENT IN LAPAC IS FREE AND PROVIDES EMAIL NOTIFICATION OF BID OPPORTUNITIES BASED UPON COMMODITIES THAT YOU SELECT.

2

COMPLIANCE WITH CIVIL RIGHTS LAWS. BY SUBMITTING AND SIGNING THIS SOLICITATION, THE BIDDER AGREES TO ABIDE BY THE REQUIREMENTS OF THE FOLLOWING AS APPLICABLE: TITLE VI AND TITLE VII OF THE CIVIL RIGHTS ACT OF 1964, AS AMENDED BY THE EQUAL OPPORTUNITY ACT OF 1972, FEDERAL EXECUTIVE ORDER 11246, THE FEDERAL REHABILITATION ACT OF 1973, AS AMENDED, THE VIETNAM ERA VETERAN'S READJUSTMENT ASSISTANCE ACT OF 1974, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE ACT OF 1975, AND BIDDER AGREES TO ABIDE BY THE REQUIREMENTS OF THE AMERICANS WITH DISABILITIES ACT OF 1990. BIDDER AGREES NOT TO DISCRIMINATE IN ITS EMPLOYMENT PRACTICES, AND WILL RENDER SERVICES UNDER ANY CONTRACT

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ENTERED INTO AS A RESULT OF THIS SOLICITATION, WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, VETERAN STATUS, POLITICAL AFFILIATION, OR DISABILITIES. ANY ACT OF DISCRIMINATION COMMITTED BY BIDDER, OR FAILURE TO COMPLY WITH THESE STATUTORY OBLIGATIONS WHEN APPLICABLE, SHALL BE GROUNDS FOR TERMINATION OF ANY CONTRACT ENTERED INTO AS A RESULT OF THIS SOLICITATION.

3      \*\*\*\* PLEASE NOTE - ACTION NEEDED IN THIS CLAUSE HAS CHANGED\*\*\*\*  
 \*\*\*\*\*  
 COOPERATIVE PURCHASE. POLITICAL SUBDIVISIONS OF THE STATE, QUASI STATE AGENCIES, AND EXTERNAL PROCUREMENT UNITS (DESCRIBED BELOW), MAY BE PERMITTED TO PURCHASE FROM CONTRACTS MADE BY THE OFFICE OF STATE PURCHASING. THE BIDDER MAY, AT ITS OPTION, PERMIT POLITICAL SUBDIVISIONS OF THE STATE, QUASI STATE AGENCIES, AND EXTERNAL PROCUREMENT UNITS TO PURCHASE FROM ANY CONTRACTS AWARDED AGAINST THIS SOLICITATION. PLEASE CHECK ALL THAT APPLY:

\_\_\_\_\_ BIDDER PERMITS ANY CONTRACT AWARDED TO APPLY TO QUASI STATE AGENCIES OR OTHER POLITICAL SUBDIVISIONS OF THE STATE.

\_\_\_\_\_ BIDDER PERMITS ANY CONTRACT AWARDED TO APPLY TO AGENCIES OF THE UNITED STATES GOVERNMENT.

\_\_\_\_\_ BIDDER PERMITS ANY CONTRACT AWARDED TO APPLY TO OTHER BUYING ORGANIZATIONS (OTHER THAN THE UNITED STATES GOVERNMENT), NOT LOCATED IN THIS STATE WHICH, IF LOCATED IN THIS STATE, WOULD QUALIFY AS A PUBLIC PROCUREMENT UNIT.

4      CONTRACT REVISIONS. REQUESTS FOR REVISIONS TO THIS CONTRACT MUST BE ADDRESSED TO THE DIRECTOR OF STATE PURCHASING AND SHALL REFER THE CONTRACT ITEM NUMBER WITH JUSTIFICATION OF THE REQUEST. DISTRIBUTOR VENDOR CHANGES, PRICE REDUCTIONS AND JUSTIFIABLE ITEM DELETIONS MAY BE CONSIDERED DURING THE CONTRACT PERIOD. NEW ITEM ADDITIONS WILL BE CONSIDERED ONLY ON THE ANNIVERSARY DATE OF THE CONTRACT. EXCEPTIONS TO THIS WILL BE ALLOWED ONLY WHEN STATE PURCHASING HAS DETERMINED ADDITIONS WILL BE OF SUBSTANTIAL BENEFIT TO THE STATE AND WILL JUSTIFY THE TIME, EFFORT AND COST REQUIRED TO MAKE SUCH ADDITIONS.

CONTRACTOR MUST IMMEDIATELY NOTIFY THE OFFICE OF STATE PURCHASING WHEN ANY DEALER ON THIS CONTRACT IS TERMINATED, RELOCATED OR ADDED. ALL ORDERS PLACED WITH DEALERS PRIOR TO RECEIPT OF SUCH NOTIFICATION BY THE OFFICE OF STATE PURCHASING MUST BE HONORED. REVISIONS WILL BECOME EFFECTIVE ONLY UPON APPROVAL BY THE DIRECTOR OF STATE PURCHASING OR DESIGNEE. BIDDER SHOULD INCLUDE WITH BID A LIST OF ALL PERSONS, IN ADDITION TO THE SIGNER OF THIS BID, WHO ARE AUTHORIZED TO REQUEST REVISIONS TO THIS CONTRACT.

5      CONTRACTUAL PERIOD. THE STATE OF LOUISIANA INTENDS TO AWARD ALL ITEMS FOR AN INITIAL PERIOD, NOT TO EXCEED 12 MONTHS. DELAYS IN AWARDED, BEYOND THE ANTICIPATED STARTING DATE, MAY RESULT IN A CHANGE IN THE CONTRACT PERIOD. IF THE SITUATION OCCURS, AN AWARD MAY BE MADE FOR LESS THAN 12 MONTHS.

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QUANTITIES. THIS IS AN OPEN-ENDED REQUIREMENTS CONTRACT. QUANTITIES SHOWN ARE BASED ON THE PREVIOUS CONTRACT USAGE OR ESTIMATES. WHERE USAGE IS NOT AVAILABLE, A QUANTITY OF 1 INDICATES A LACK OF HISTORY ON THIS ITEM. THE SUCCESSFUL BIDDER MUST SUPPLY AT BID PRICES ACTUAL REQUIREMENTS AS ORDERED WHETHER THE TOTAL OF SUCH REQUIREMENTS IS MORE OR LESS THAN THE QUANTITIES SHOWN.

7

CANCELLATION  
THE STATE OF LOUISIANA RESERVES THE RIGHT TO CANCEL THIS CONTRACT WITH THIRTY (30) DAYS WRITTEN NOTICE.

8

SCOPE OF CONTRACT

SUBMITTAL OF ANY TERMS AND CONDITIONS CONTRARY TO THOSE OF THE STATE OF LOUISIANA MAY CAUSE YOUR BID TO BE REJECTED. BY SIGNING BELOW, TERMS AND CONDITIONS WHICH MAY BE INCLUDED IN YOUR BID ARE NULLIFIED, AND CONTRACTOR AGREES THAT THIS CONTRACT SHALL BE CONSTRUED IN ACCORDANCE WITH AND GOVERNED BY THE LAWS OF THE STATE OF LOUISIANA.

BIDDER SIGNATURE

9

AT THE OPTION OF THE STATE OF LOUISIANA AND ACCEPTANCE BY THE CONTRACTOR, THIS CONTRACT MAY BE EXTENDED FOR TWO ADDITIONAL TWELVE (12) MONTH PERIODS AT THE SAME PRICE, TERMS AND CONDITIONS. TOTAL CONTRACT TIME MAY NOT EXCEED THIRTY-SIX (36) MONTHS.

10

" THE VENDOR UNDERSTANDS AND AGREES THAT THE SPECIFIED USAGE IS A NON-BINDING ESTIMATE AND THAT THE STATE RESERVES THE RIGHT TO PROCURE IN WHOLE OR IN PART THE SPECIFIED PRODUCTS FROM A GROUP PURCHASING ORGANIZATION UPON THE STATE'S DETERMINATION THAT SUCH ALTERNATIVE PROCUREMENT IS IN THE STATE'S BEST INTEREST. "

11

THIS CONTRACT SHALL BE EFFECTIVE FOR THE PERIOD BEGINNING FEBRUARY 1, 2010 AND ENDING JANUARY 31, 2011.

12

SOUTHEAST LOUISIANA HOSPITAL (SELH) IN MANDEVILLE, LA. IS SEEKING AN EXCLUSIVE VENDOR TO PROVIDE ROUTINE PHLEBOTOMY SERVICES FOR ITS CLIENTS AND CERTAIN LABORATORY TESTING SERVICES FOR ITS CLINICAL LAB DEPARTMENT.

THE TERMS "VENDOR", "BIDDER" AND "CONTRACTOR" AS USED IN THIS DOCUMENT ARE INTERCHANGEABLE.

THE AWARD WILL BE MADE TO THE LOWEST BIDDER OVERALL BASED ON DISCOUNTED PRICES AND SELH'S ESTIMATED ANNUAL USAGE. BIDDER SHOULD PROVIDE A CURRENT PUBLISHED PRICE LIST WITH THE BID RESPONSE. THE DISCOUNT GIVEN ON LINE ITEMS WILL BE AVERAGED AND THAT SAME DISCOUNT WILL BE APPLIED TO THE BALANCE OF THE TESTS NOT ITEMIZED. THIS PERCENTAGE WILL BE CALCULATED BY THE OFFICE OF STATE PURCHASING. BOTH

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PRICE AND DISCOUNT MUST BE FIRM THROUGHOUT THE CONTRACT PERIOD.

GRAND TOTAL (ESTIMATED USAGE X LIST PRICE)

GRAND TOTAL (ESTIMATED USAGE X DISCOUNTED PRICE)

PERCENTAGE WILL BE FIGURED ON THE DIFFERENCE BETWEEN THE TWO GRAND TOTALS. LINE WILL BE ADDED AT TIME OF AWARD.

IN THE EVENT TESTS ARE NOT PERFORMED IN THE BIDDERS OWN LAB AND ARE SENT TO AN OUTSIDE LAB, THERE WILL BE NO ADDITIONAL REFERRAL CHARGE. THE CERTIFICATION AND LICENSING REQUIREMENTS FOR THE OUTSIDE LAB ARE TO BE THE SAME AS THOSE SPECIFIED FOR THE CONTRACTING LAB.

BID SPECIFICATIONS, TERMS AND CONDITIONS:

NOTE: BIDDER, PLEASE READ THESE SPECIFICATIONS AND PROVIDE THE REQUESTED MATERIAL IF YOU WISH TO BE CONSIDERED.

ALL BIDS MUST BE ACCEPTABLE TO THE CLINICAL LAB SECTION OF SELH

AT THE DISCRETION OF THE OFFICE OF STATE PURCHASING, FAILURE TO COMPLY WITH THE SPECIFICATIONS MAY BE GROUNDS FOR IMMEDIATE BID REJECTION.

THE SPECIFICATIONS LISTED BELOW REFER TO THE LABORATORY WHICH ACTUALLY PERFORMS THE ANALYSIS REQUESTED IN THIS SOLICITATION.

BID REQUIREMENTS:

BIDDER TO PROVIDE, AS PART OF THE BID RESPONSE, THE FOLLOWING:

THE BIDDER SHALL HAVE A LOCAL TECHNICAL/SALES REPRESENTATIVE WHO IS SCHEDULED TO VISIT SELH'S LABORATORY ON A ROUTINE BASIS FOR CONSULTATION AND PROBLEM SOLVING, AND WHO IS ACCESSIBLE VIA TOLL-FREE NUMBER WITHIN TWENTY-FOUR (24) HOURS OF INITIAL ATTEMPT TO CONTACT. THE BIDDER MUST ALSO HAVE A TOLL-FREE TELEPHONE NUMBER AVAILABLE OR WILL ACCEPT COLLECT CALLS FROM SELH CLINICAL LAB.

PROCEDURES AND REQUIREMENTS CONCERNING SPECIMEN TYPE, MINIMUM VOLUME, COLLECTION, RECEIPT, HANDLING AND PROCESSING.

METHODOLOGIES FOR EACH TEST SPECIFIED, INCLUDING ANALYTIC SENSITIVITY AND KNOWN AND/OR SUSPECTED CROSS REACTIVITIES.

TURN-AROUND TIME WHICH IS DEFINED AS THE TIME THE SPECIMEN LEAVES SELH'S LABORATORY TO THE RECEIPT OF A PERMANENT COPY OF RESULTS FOR THE SPECIFIED TESTS.

LOCAL PICK-UP SERVICE ARRANGEMENTS WITH THE NAME, ADDRESS, TELEPHONE AND BEEPER NUMBER FOR THE LOCAL PICK-UP SERVICE.

BID REQUIREMENTS:

THE BIDDER SHOULD ATTACH THE FOLLOWING INFORMATION TO ITS BID:

A. THE NAME AND ADDRESS OF THE OWNER AND OPERATOR OF THE BIDDER AND THE NAME AND ADDRESS OF THE OWNERS AND OPERATORS OF THE PROVIDING

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FACILITIES, I.E., THE ACTUAL PLACE OF PERFORMANCE IF OTHER THAN THAT OF THE BIDDER.

B. THE NAMES AND PROFESSIONAL DEGREES OR CERTIFICATIONS OF THE DIRECTORS OF EACH LABORATORY IN WHICH TESTS WOULD BE PERFORMED.

C. LABORATORIES SUBMITTING BIDS FOR THIS CONTRACT MUST BE LICENSED, AND CONTINUALLY FOR THE YEAR PRECEDING THE BID OPENING DATE OF THIS BID TO PERFORM MEDICAL LABORATORY ANALYSES UNDER THE PROVISIONS OF THE CLINICAL LABORATORY IMPROVEMENT ACT OF 1967 (42 USC SECTION 263A). A LEGIBLE COPY OF THE BIDDER'S CURRENT LICENSE SHOULD BE PROVIDED WITH THE BID RESPONSE. BIDDER SHOULD ALSO PROVIDE A STATEMENT OF INTENT TO CONTINUE TO OPERATE UNDER SAID LICENSE THROUGHOUT THE CONTRACT PERIOD.

D. IN ADDITION TO THE ABOVE LICENSE, THE LABORATORY SHOULD BE ACCREDITED BY THE COLLEGE OF AMERICAN PATHOLOGISTS (CAP) CURRENTLY AND FOR AT LEAST THE THREE (3) PREVIOUS YEARS. A LEGIBLE COPY OF THE CURRENT ACCREDITATION CERTIFICATE SHOULD BE PROVIDED WITH THE BID RESPONSE. THE BIDDER SHOULD ALSO PROVIDE A STATEMENT OF INTENT TO OPERATE WITH SAID ACCREDITATION THROUGHOUT THE CONTRACT PERIOD.

E. THE BIDDER SHOULD CURRENTLY BE SUBSCRIBING AND HAVE BEEN SUBSCRIBING TO THE APPROPRIATE PROFICIENCY SURVEYS FOR A MINIMUM PERIOD OF ONE (1) YEAR. BIDDER SHOULD PROVIDE A COPY OF THE MOST CURRENT TWELVE (12) MONTH SURVEY RESULTS FOR THE LIGAND SURVEYS SUBSCRIBED TO. THE RESULTS MUST BE ACCEPTABLE TO SELH. NOTE: "APPROPRIATE SURVEYS" MEANS SURVEYS OF ACTUAL REQUESTED ANALYSES, IF SUCH SURVEYS ARE AVAILABLE. BIDDER SHOULD ALSO PROVIDE A STATEMENT OF INTENT TO CONTINUE TO PARTICIPATE IN SAID SURVEYS THROUGHOUT THE CONTRACT PERIOD.

F. SELH REQUESTS THE NAMES, ADDRESSES, TELEPHONE NUMBERS AND CONTACT PERSONS OF FOUR (4) HOSPITAL USERS WHO MAY BE CONTACTED AS REFERENCES, AND SAID INFORMATION SHOULD BE SUPPLIED WITH THE BID RESPONSE.

G. A DESCRIPTION OF THE METHOD OF REPORTING RESULTS, INCLUDING A BLANK REPORT FORM, WHICH MUST BE ACCEPTABLE TO SELH.

H. A LIST OF ALL PROCEDURES THAT ARE ON THE ATTACHED LIST OF PROCEDURES OR IN THE VENDOR'S CATALOG THAT THE VENDOR'S LABORATORY DOES NOT PERFORM IN-HOUSE FOR THE PURPOSE OF THIS BID MEANS "THE FACILITIES OWNED BY THE BIDDER". THE BIDDER MUST ALSO LIST ALL OUTSIDE LABORATORIES THAT THE VENDOR USES FOR OUTSIDE TESTING. THE DIVISION OF ADMINISTRATION, STATE PURCHASING, RESERVES THE RIGHT TO REQUEST LICENSING INFORMATION ABOUT ANY OF THE OUTSIDE TESTING LABORATORIES LISTED BY THE VENDOR.

I. A COPY OF THE BIDDER'S CURRENT CATALOGUE.

THE BIDDER AGREES TO PROVIDE AT ANY TIME AND WITHIN SEVENTY-TWO (72) HOURS OF SELH'S REQUEST, THE FOLLOWING ITEMS:

QUALIFICATIONS OF ALL FULL-TIME TOP LEVEL SUPERVISORY PERSONNEL.

A LIST OF THE QUALIFICATIONS FOR THE BENCHMARK TECHNICAL PERSONNEL, INCLUDING THE PERCENTAGE OF CURRENT PERSONNEL WHO MEET THESE CRITERIA.

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A LIST OF THE MAJOR INSTRUMENTS USED IN THE LABORATORY.

A DESCRIPTION OF THE METHODOLOGIES FOR THE ANALYSES SPECIFIED, WHICH MUST BE ACCEPTABLE TO SELH.

THE SCHEDULE OF PERFORMANCE OF SPECIFIED TESTS.

ANY PROFICIENCY SURVEY RESULTS FOR THE PAST TWENTY-FOUR MONTHS.

SCOPE OF WORK:

NOTE: BIDDER AGREES THAT TEST RESULTS CONSTITUTE PRIVILEGED MEDICAL INFORMATION AND SUCH RESULTS ARE SUBJECT TO APPLICABLE LOUISIANA AND FEDERAL LAWS AND REGULATIONS GOVERNING SAME. ANY BREACH OF CONFIDENTIALITY BY VENDOR, ITS AGENTS OR EMPLOYEES MAY BE CAUSE FOR IMMEDIATE CONTRACT CANCELLATION.

THE BIDDER MUST PROVIDE ALL SPECIMEN SAMPLE CONTAINERS, ORDER FORMS, AND REPORTING DOCUMENTS. THE BIDDER MUST PROVIDE FOR ROUTINE LOCAL (SELH, 23515 HWY.190 EAST, MANDEVILLE, LA. 70448, CLINICAL LAB) PICKUP SERVICE MONDAY THROUGH FRIDAY, BETWEEN THE HOURS OF 8:00 A.M. AND 4:30 P.M. THE RESULTS REPORTING METHOD USED MUST BE AT THE BIDDER'S EXPENSE. BIDDER MUST PROVIDE TELEPHONE REPORTING WHENEVER REQUESTED BY SELH, IN CASE SUCH REPORTING IS NECESSARY. BIDDER SHALL PROVIDE SUNDAY PICK-UP AND A SECOND (2ND) MONDAY-SATURDAY PICK-UP ON AN "AS NEEDED" BASIS.

BIDDER MUST BE WILLING TO RE-TEST THE SAME OR A RESUBMITTED SPECIMEN FREE OF CHARGE, IF, IN THE OPINION OF ANY MEMBER OF THE MEDICAL STAFF OF SELH, THERE IS ANY DOUBT CONCERNING THE VALIDITY OF THE RESULTS OR THE IDENTITY OF THE SPECIMEN.

BIDDER MUST PROVIDE THE REPORTING DOCUMENTS IN TRIPLICATE. ALL COPIES MUST BE CLEARLY LEGIBLE. THE REPORTING DOCUMENT MUST INCLUDE, AT A MINIMUM, THE FOLLOWING ITEMS:

PATIENT NAME  
SELH IDENTIFICATION NUMBER (UP TO NINE (9) ALPHANUMERICS)  
PATIENT DATE OF BIRTH OR AGE  
SEX OF THE PATIENT  
NAME OF THE REFERRING PHYSICIAN  
TIME AND DATE OF SPECIMEN COLLECTION  
DATE OF SPECIMEN RECEIPT BY CONTRACTOR  
DATE THE RESULTS ARE REPORTED  
NAME OF THE TEST  
TEST RESULTS  
REFERENCE (NORMAL) RANGE  
NAME OF LABORATORY AND LAB DIRECTOR WHERE TEST WAS PERFORMED

"LAB SERVICES"

BIDDER MUST PROVIDE A LEGIBLE HARDCOPY OF THE RESULTS WITHIN EIGHT (8) HOURS FROM THE TIME THE RESULTS ARE AVAILABLE, AT BIDDER'S EXPENSE.

BIDDER MUST PERFORM "STAT" AND "CRITICAL" TESTS & PROVIDE TEST RESULTS

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<p>           WITHIN FOUR (4) HOURS AFTER SPECIMAN COLLECTION VIA PHONE CALL (985)626-6545 AND/OR FAX (985)626-6490 TO SELH ADMISSIONS. IN ADDITION BIDDER MUST PROVIDE ANY CRITICAL/PANIC/ALERT RESULTS IMMEDIATELY UPON IDENTIFICATION TO SELH ADMISSIONS VIA PHONE AND/OR FAX (NUMBERS LISTED ABOVE). THESE CRITICAL RESULTS WILL BE BASED ON PANIC VALUES ESTABLISHED BY THE LAB AND BY ANY ADDITIONAL CRITICAL VALUES IDENTIFIED BY THE MEDICAL STAFF AT SELH.         </p> <p>           THE BIDDER SHALL INSTALL AND MAINTAIN A MAXIMUM OF ONE (1) TELEPRINTER CAPABLE OF TRANSMITTING RESULTS IN TRIPLICATE IN THE SELH CLINICAL LAB. SELH WILL NOT BE RESPONSIBLE FOR SUCH MACHINE. VENDOR WILL BEAR ALL EXPENSES NECESSARY TO INSTALL AND MAINTAIN THE MACHINE AND ALL COMMUNICATION LINES THAT ARE NECESSARY.         </p> <p>           BIDDER SHALL INSTALL AND MAINTAIN A DESKTOP COMPUTER TERMINAL, INCLUDING CPU, MONITOR, KEYBOARD, AND OTHER INTERFACING AND EXTERIOR COMMUNICATION DEVICES SO AS TO ALLOW FULL AND DIRECT INQUIRIES FROM SELH'S LAB TO THE VENDOR'S OWN LABORATORY REGARDING SPECIMEN TEST STATUS, RESULTS, TEST DATE/TIME, REPORT DATE/TIME, AND REFERRING PHYSICIAN. THESE FUNCTIONS SHALL BE IN ADDITION TO THE REQUIRED HARDCOPY GENERATION.         </p> <p>           BIDDER SHALL PROVIDE ONLINE ACCESS FOR LAB TEST RESULTS, INCLUDING ACCESS TO SUBCONTRACTED LAB REPORTS WITHIN THE VENDOR SYSTEM, TO BE AVAILABLE TO MULTIPLE SELH STAFF MEMBERS, IN DIFFERENT LOCATIONS ON THE GROUNDS OF SELH. BIDDER SHALL ALSO PROVIDE AN INTEGRATED ORDER SYSTEM FOR ELECTRONIC LAB REQUESTS AND SCHEDULED LAB WORK ACCORDING TO HOSPITAL PROTOCOLS. SELH PROTOCOLS ARE TO BE AUTOMATICALLY PROGRAMMED INTO THE VENDOR INTEGRATED SYSTEM, INCLUDING INDIVIDUAL PROTOCOLS FOR THE FOLLOWING SELECTED MEDICATIONS (TEGRETOL, TRILEPTAL, DEPAKOTE, DILANTIN, LITHIUM, CLOZARIL AND INH) AS PER SELH LAB POLICY "CC-1500". VENDOR SHALL PROVIDE ADEQUATE TECHNICAL SUPPORT AND TRAINING TO ALL USERS OF THE SYSTEM.         </p> <p>           PROTOCOLS MUST BE ENTERED IN SUCH A WAY AS TO COORDINATE DATES OF MULTIPLE PROTOCOLS FOR THE INDIVIDUAL PATIENT, MINIMIZING THE NUMBER OF MONTHLY DRAWS AND REDUNDANT TESTING.         </p> <p>           VENDOR IS TO PROVIDE DATA ON TURN AROUNDS INCLUDING "REVIEW" DATE AND TIME AND "REPORTING" DATE AND TIME.         </p> <p>           VENDOR IS TO PROVIDE QUALITY ASSURANCE REPORTS, LISTING THE FOLLOWING DATA:         </p> <ul style="list-style-type: none"> <li>* ASSURANCE THAT SPECIMENS ARE TRANSPORTED AND HANDLED AS PER REGULAR ESTABLISHED LAB STANDARDS (CMS, JC, CLIA, ETC.)</li> <li>* ASSURANCE THAT PERSONS SENT ARE TRAINED AND CHECKED FOR COMPETENCY AS REQUIRED BY LAB STANDARDS AND THAT LICENSURES ARE UP TO DATE.</li> </ul> <p>           IN THE EVENT SUCH REPORTING SYSTEM BECOMES INOPERABLE AND IS ANTICIPATED TO REMAIN INOPERABLE FOR A PERIOD EXCEEDING TWENTY (24) HOURS, BIDDER MUST SUPPLY AN ALTERNATE FORM OF REPORTING WITHIN FORTY-EIGHT HOURS FROM THE TIME THE SYSTEM BECAME INOPERABLE. THIS ALTERNATE SYSTEM MUST ENSURE A REPORTING PERIOD OF NO GREATER THAN TWENTY-FOUR (24) HOURS BETWEEN THE TIME THE RESULTS ARE AVAILABLE FOR REPORTING, TO THE TIME A HARD COPY IS RECEIVED AT SELH.         </p>			

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<p>THE BIDDER MUST PROVIDE UPON REQUEST AND WITHIN FOUR (4) WORKING DAYS, DATA SUMMARIES REGARDING SELH TEST REQUESTS (TEST TYPE, NUMBERS, RESULTS, PATIENT NAMES, SELH HOSPITAL NUMBERS, REFERRING PHYSICIANS NAME AND SERVICE, AND COST ANALYSIS). THIS INFORMATION SHALL COVER THE TIME PERIODS SPECIFIED AT THE TIME THE REQUEST IS MADE.</p> <p>IN THE EVENT THAT THE VENDOR DOES NOT EMPLOY THE TEST METHOD ACCEPTABLE TO THE REQUESTING LABORATORY/PHYSICIAN AT SELH, ON ANY TEST SPECIFIED, THEN SELH RESERVES THE RIGHT TO SEND THE SPECIMEN FOR TESTING TO ANOTHER LABORATORY. THIS WILL NOT EXCEED FIVE PERCENT (5%) OF THE TESTS REQUESTED DURING THE CONTRACT PERIOD.</p> <p>IF, IN THE OPINION OF ANY MEMBER OF THE MEDICAL STAFF OF SELH, TESTS ARE BEING PERFORMED INCORRECTLY OR INADEQUATELY, SELH RESERVES THE RIGHT TO DISCONTINUE SENDING SPECIMENS TO THE CONTRACTOR FOR THE TEST IMMEDIATELY. HOWEVER, SELH WILL INFORM THE CONTRACTOR IN WRITING WITHIN THIRTY (30) DAYS OF DISCONTINUANCE, THE REASONS FOR THE DISCONTINUANCE, AND ALLOW THE CONTRACTOR TO CORRECT THE SITUATION TO SELH'S SATISFACTION. IF THE SITUATION REMAINS UNCORRECTED FOR AN ADDITIONAL THIRTY (30) DAYS, SELH RESERVES THE RIGHT TO CANCEL THIS PART OF THE CONTRACT.</p> <p>BIDDER SHALL BE PREPARED TO PROVIDE EDUCATIONAL SUPPORT REGARDING ASSAYS LISTED IN APPENDIX A, SUCH AS PEER REVIEW LITERATURE, PRODUCT LITERATURE, STUDY AIDS, AND CONTINUING EDUCATION SOURCES (SPEAKERS, STUDY PROGRAMS, ETC.) AS NEEDED AND REQUESTED.</p> <p>PLEASE LIST THE DISCOUNTED PRICE TO BE CHARGED TO SELH PER TEST FOR EACH TEST SPECIFIED.</p> <p>"PHLEBOTOMY SERVICES"</p> <p>BIDDER SHALL SUPPLY ROUTINE PHLEBOTOMY SERVICES FOR A PATIENT POPULATION OF APPROXIMATELY 150 PERSONS, AGES 7 TO 70 WITH PSYCHIATRIC, SUBSTANCE ABUSE/USE, AND MENTAL ILLNESSESS, MONDAY THROUGH FRIDAY INCLUDING HOLIDAYS. IN THE EVENT PHLEBOTOMY SERVICES ARE REQUESTED AND PERFORMED ON A SATURDAY OR SUNDAY, AN EMERGENCY FEE IN THE AMOUNT OF \$_____ PER OCCURENCE WILL BE INVOICED TO SELH, IN ADDITION TO THE HOURLY RATE. PHLEBOTOMY SERVICES WILL BE PERFORMED AT MULTIPLE LOCATIONS ON THE GROUNDS OF SELH. THE PHLEBOTOMIST WILL BE EXPECTED TO DO A DAILY LAB DRAW LIST AND PROVIDE CHART VERIFICATION OF COMPLETION FOR EACH CLIENT. THE NUMBER OF PHLEBOTOMY SERVICES PERFORMED DAILY RANGE BETWEEN 40 TO 60 (200 TO 300 PER WEEK).</p> <p>"PHLEBOTOMY SERVICES WITH ADDITIONAL DUTIES" (OPTIONAL SERVICES PENDING BUDGET APPROVAL)</p> <p>BIDDER SHALL SUPPLY ROUTINE PHLEBOTOMY SERVICES FOR A PATIENT POPULATION OF APPROXIMATELY 150 PERSONS, AGES 7 TO 70 WITH PSYCHIATRIC, SUBSTANCE ABUSE/USE, AND MENTAL ILLNESSESS, MONDAY THROUGH FRIDAY INCLUDING HOLIDAYS. IN THE EVENT PHLEBOTOMY SERVICES ARE REQUESTED AND PERFORMED ON A SATURDAY OR SUNDAY, AN EMERGENCY FEE IN THE AMOUNT OF \$_____ PER OCCURENCE WILL BE INVOICED TO SELH, IN ADDITION TO THE HOURLY RATE. PHLEBOTOMY SERVICES WILL BE PERFORMED AT MULTIPLE LOCATIONS ON THE GROUNDS OF SELH. THE PHLEBOTOMIST WILL BE EXPECTED TO DO A DAILY LAB DRAW LIST AND PROVIDE CHART VERIFICATION OF</p>			

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<p>COMPLETION FOR EACH CLIENT. THE NUMBER OF PHLEBOTOMY SERVICES PERFORMED DAILY RANGE BETWEEN 40 TO 60 (200 TO 300 PER WEEK). ADDITIONALLY, LAB PERSONNEL SHALL PERFORM WAIVED TESTING AND CONDUCT EKG TESTING (EKG MACHINE AND ACCESSORIES PROVIDED BY SELH).</p> <p>HOURLY RATE FOR LAB PERSONNEL PROVIDING PHLEBOTOMY SERVICES WITH ADDITIONAL DUTIES OF WAIVED TESTING AND EKG TESTING \$_____ PER HOUR.</p> <p>BIDDER WILL MAKE EVERY EFFORT TO PROVIDE EMERGENCY LAB AND PHLEBOTOMY SERVICES DURING A "SHELTER IN PLACE" EVENT DUE TO A DISASTER.</p> <p>THIS CONTRACT WILL BE EFFECTIVE FROM FEBRUARY 1, 2010 THROUGH JANUARY 31, 2011.</p> <p>AT THE OPTION OF SELH AND ACCEPTANCE BY THE CONTRACTOR, THIS CONTRACT MAY BE EXTENDED FOR TWO (2) ADDITIONAL TWELVE (12) MONTH PERIODS AT THE SAME PRICES, TERMS AND CONDITIONS AS LISTED HEREIN, BUT IN NO CASE SHALL EXCEED THIRTY-SIX (36) MONTHS.</p> <p>VENDOR FURTHER AGREES AND REALIZES THAT THIS CONTRACT IS SUBJECT TO AND CONDITIONED UPON THE AVAILABILITY AND APPROPRIATION OF FEDERAL AND /OR STATE FUNDS. NO LIABILITY OR OBLIGATION FOR PAYMENT WILL ACCRUE UNLESS AND UNTIL THIS CONTRACT HAS BEEN APPROVED BY THE DIRECTOR OF STATE PURCHASING OR HER DESIGNEE AND A VALID PURCHASE ORDER HAS BEEN ISSUED.</p> <p>THERE WILL BE NO PAYMENT IN ADVANCE. MONTHLY INVOICE FOR LAB SERVICES PROVIDED IS TO BE SORTED BY "CLIENT NUMBER".</p> <p>THE CONTACT PERSON FOR THE DAY-TO-DAY OPERATIONS OF THIS CONTRACT IS ROSEMARY SABATIER AT 985-626-6470.</p> <p>CONTACT PERSON AND MAILING ADDRESS:</p> <p>CONTRACTOR SHALL DESIGNATE ONE OR MORE PERSONS RESPONSIBLE FOR THIS CONTRACT AND SHALL PROVIDE TO MS. SABATIER, THE NAMES, ADDRESSES, TELEPHONE AND BEEPER NUMBERS OF SUCH PERSON OR PERSONS.</p> <p>ALL CORRESPONDENCE AND NOTICES TO SELH ARE TO REFERENCE THE PURCHASE ORDER NUMBER AND SHALL BE DEEMED EFFECTIVELY GIVEN WHEN PERSONALLY DELIVERED OR SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, ADDRESSED AS FOLLOWS:</p> <p>AS TO SELH:</p> <p>CONTRACTS ADMINISTRATOR          ROSEMARY SABATIER          P.O. BOX 3850          MANDEVILLE, LA 70470-3850</p> <p>AS TO CONTRACTOR:</p> <p>ADDRESS ON BID</p> <p>INSURANCE REQUIREMENTS:</p>			

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<p>VENDOR SHALL PROCURE AND MAINTAIN FOR THE DURATION OF THE CONTRACT INSURANCE AGAINST CLAIMS FOR INJURIES TO PERSONS OR DAMAGES TO PROPERTY WHICH MAY ARISE FROM OR IN CONNECTION WITH THE PERFORMANCE OF THE WORK HEREUNDER BY THE VENDOR, ITS AGENTS, REPRESENTATIVES, EMPLOYEES OR SUB-CONTRACTORS. THE COST OF SUCH INSURANCE SHALL BE INCLUDED IN VENDOR'S BID.</p> <p>MINIMUM SCOPE OF INSURANCE:</p> <p>COVERAGE SHALL BE AT LEAST AS BROAD AS:</p> <p>1) INSURANCE SERVICES OFFICE FORM NUMBER GL 0002 (ED. 1/73) COVERING COMPREHENSIVE GENERAL LIABILITY AND INSURANCE SERVICES OFFICE FORM NUMBER GL 0404 COVERING BROAD FORM COMPREHENSIVE GENERAL LIABILITY; OR INSURANCE SERVICES OFFICE COMMERCIAL GENERAL LIABILITY COVERAGE ("OCCURRENCE" FORM CG 0001). "CLAIMS MADE" FORM IS UNACCEPTABLE. THE "OCCURRENCE FORM" SHALL NOT HAVE A "SUNSET CLAUSE".</p> <p>2) WORKERS' COMPENSATION INSURANCE AS REQUIRED BY THE LABOR CODE OF THE STATE OF LOUISIANA, INCLUDING EMPLOYERS LIABILITY INSURANCE.</p> <p>MINIMUM LIMITS OF INSURANCE:</p> <p>COVERAGE SHALL BE NO LESS THAN:</p> <p>1) COMMERCIAL GENERAL LIABILITY: \$1,000,000 COMBINED SINGLE LIMIT PER OCCURRENCE FOR BODILY INJURY, PERSONAL INJURY, INCLUDING BREACH OF CONFIDENTIALITY, AND PROPERTY DAMAGE.</p> <p>2) WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY: WORKERS' COMPENSATION LIMITS AS REQUIRED BY THE LABOR CODE OF THE STATE OF LOUISIANA AND EMPLOYERS LIABILITY COVERAGE.</p> <p>DEDUCTIBLES AND SELF-INSURED RETENTIONS:</p> <p>ANY DEDUCTIBLES OR SELF-INSURED RETENTIONS MUST BE DECLARED TO AND APPROVED BY SELH AND/OR THE OFFICE OF STATE PURCHASING. AT THE OPTION OF SELH AND/OR THE OFFICE OF STATE PURCHASING, EITHER: THE INSURER SHALL REDUCE OR ELIMINATE SUCH DEDUCTIBLES OR SELF-INSURED RETENTIONS AS RESPECTS SELH, ITS OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS; OR THE VENDOR SHALL PROCURE A BOND GUARANTEEING PAYMENT OF LOSSES AND RELATED INVESTIGATIONS, CLAIM ADMINISTRATION AND DEFENSE EXPENSES.</p> <p>OTHER INSURANCE PROVISIONS:</p> <p>THE POLICIES ARE TO CONTAIN, OR BE ENDORSED TO CONTAIN, THE FOLLOWING PROVISIONS:</p> <p>GENERAL LIABILITY:</p> <p>1) SELH, ITS OFFICERS, OFFICIALS, EMPLOYEES, BOARDS AND COMMISSIONS, AND VOLUNTEERS ARE TO BE ADDED AS "ADDITIONAL INSURED" AS RESPECTS LIABILITY ARISING OUT OF ACTIVITIES PERFORMED BY OR ON BEHALF OF THE VENDOR; PRODUCTS AND COMPLETED OPERATIONS OF THE VENDOR, PREMISES OWNED, OCCUPIED OR USED BY THE VENDOR. THE COVERAGE SHALL CONTAIN NO</p>			

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<p> <i>SPECIAL LIMITATIONS ON THE SCOPE OF PROTECTION AFFORDED TO SELH, ITS OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS. IT IS UNDERSTOOD THAT THE BUSINESS AUTO POLICY UNDER "WHO IS AN INSURED" AUTOMATICALLY PROVIDES LIABILITY COVERAGE IN FAVOR OF THE STATE OF LOUISIANA.</i> </p> <p> <i>2) ANY FAILURE TO COMPLY WITH REPORTING PROVISIONS OF THE POLICY SHALL NOT AFFECT COVERAGE PROVIDED TO SELH, ITS OFFICER, OFFICIALS, EMPLOYEES, BOARDS AND COMMISSIONS OR VOLUNTEERS.</i> </p> <p> <i>3) THE VENDOR'S INSURANCE SHALL APPLY SEPARATELY TO EACH INSURED AGAINST WHOM CLAIM IS MADE OR SUIT IS BROUGHT, EXCEPT WITH RESPECT TO THE LIMITS OF THE INSURER'S LIABILITY.</i> </p> <p> <i>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY COVERAGE:</i> </p> <p> <i>THE INSURER SHALL AGREE TO WAIVE ALL RIGHTS OF SUBROGATION AGAINST SELH, ITS OFFICERS, OFFICIALS, EMPLOYEES AND VOLUNTEERS FOR LOSSES ARISING FROM WORK PERFORMED BY THE VENDOR FOR SELH.</i> </p> <p> <i>ALL COVERAGES:</i> </p> <p> <i>EACH INSURANCE POLICY REQUIRED BY THIS CLAUSE SHALL BE ENDORSED TO STATE THAT COVERAGE SHALL NOT BE SUSPENDED, VOIDED, CANCELED BY EITHER PARTY, OR REDUCED IN COVERAGE OR IN LIMITS EXCEPT AFTER THIRTY (30) DAYS PRIOR WRITTEN NOTICE BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED, HAS BEEN GIVEN TO SELH.</i> </p> <p> <i>ACCEPTABILITY OF INSURERS:</i> </p> <p> <i>INSURANCE IS TO BE PLACED WITH INSURERS WITH AN A. M. BEST RATING OF A:VI- OR HIGHER. THIS RATING REQUIREMENT MAY BE WAIVED FOR WORKERS' COMPENSATION COVERAGE ONLY.</i> </p> <p> <i>VERIFICATION OF COVERAGE:</i> </p> <p> <i>VENDOR SHALL FURNISH SELH AND/OR THE OFFICE OF STATE PURCHASING WITH CERTIFICATES OF INSURANCE AFFECTING COVERAGE REQUIRED BY THIS CLAUSE. THE CERTIFICATES FOR EACH INSURANCE POLICY ARE TO BE SIGNED BY A PERSON AUTHORIZED BY THAT INSURER TO BIND COVERAGE ON ITS BEHALF. THE CERTIFICATES ARE TO BE SUBMITTED WITH THE BID RESPONSE. SELH RESERVES THE RIGHT TO REQUIRE COMPLETE, CERTIFIED COPIES OF ALL REQUIRED INSURANCE POLICIES, AT ANY TIME.</i> </p> <p> <i>OTHER INSURANCE REQUIREMENTS:</i> </p> <p> <i>ANY AND ALL DEDUCTIBLES IN THE ABOVE DESCRIBED INSURANCE POLICIES BE ASSUMED BY AND BE FOR THE AMOUNT OF, AND AT THE SOLE RISK OF THE OTHER PARTY.</i> </p> <p> <i>NEITHER THE ACCEPTANCE OF THE COMPLETED WORK NOR PAYMENT THEREFORE SHALL RELEASE THE CONTRACTOR FROM ITS OBLIGATIONS OF THE INSURANCE REQUIREMENTS OR INDEMNIFICATION AGREEMENT.</i> </p> <p> <i>IF ANY OF THE INSURANCE OR BONDS ARE NOT COMPLIED WITH AT THEIR RENEWAL DATES, PAYMENTS TO THE CONTRACTOR MAY BE WITHHELD UNTIL THOSE REQUIREMENTS HAVE BEEN MET, OR AT THE OPTION OF SELH, SELH MAY PAY</i> </p>			

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THE RENEWAL PREMIUM AND WITHHOLD SUCH PAYMENTS FROM ANY MONIES DUE THE CONTRACTOR.

ADDITIONAL TERMS AND CONDITIONS:

SELH RESERVES THE RIGHT TO REQUIRE ORAL OR WRITTEN PRESENTATIONS FOR THE PURPOSE OF CLARIFICATION. NOTHING CONTAINED IN THIS SOLICITATION SHALL REQUIRE SELH TO ACCEPT ANY PROPOSAL.

SELH FURTHER RESERVES THE RIGHT TO WAIVE ANY AND ALL IRREGULARITIES AND FORMALITIES WHEN, IN ITS SOLE DISCRETION, IT IS IN SELH'S BEST INTEREST.

THE AWARD SHALL BE MADE BY WRITTEN NOTICE TO THE LOWEST RESPONSIVE AND RESPONSIBLE BIDDER WHOSE BID MEETS THE REQUIREMENTS AND CRITERIA AS SET FORTH IN THE SOLICITATION. FAILURE TO PROVIDE COMPLETE AND/OR ACCURATE INFORMATION MAY BE CAUSE FOR BID REJECTION.

THE CONTRACTOR SHALL NOT ASSIGN ANY INTEREST IN THIS CONTRACT (WHETHER BY ASSIGNMENT OR NOVATION), WITHOUT PRIOR WRITTEN CONSENT OF THE DIRECTOR OF STATE PURCHASING OR HER DESIGNEE, PROVIDED, HOWEVER, THAT CLAIMS FOR MONEY DUE OR TO BECOME DUE TO THE CONTRACTOR FROM THE STATE MAY BE ASSIGNED TO A BANK, TRUST COMPANY, OR OTHER FINANCIAL INSTITUTION WITHOUT PRIOR WRITTEN CONSENT. NOTICE OF SUCH ASSIGNMENT OR TRANSFER SHALL BE FURNISHED PROMPTLY TO BOTH THE DIRECTOR OF STATE PURCHASING AND SELH.

IT IS HEREBY AGREED THAT THE LEGISLATIVE AUDITOR OF THE STATE OF LOUISIANA SHALL HAVE THE OPTION OF AUDITING ALL ACCOUNTS OF THE CONTRACTOR WHICH RELATE TO THIS CONTRACT. VENDOR SHALL MAKE THE RECORDS AVAILABLE DURING NORMAL WORKING HOURS FOR THIS PURPOSE.

THE CONTRACTOR AGREES TO RETAIN ALL BOOKS, RECORDS, AND OTHER DOCUMENTS, IN WHATEVER FORMAT, RELEVANT TO THIS CONTRACT AND THE FUNDS EXPENDED HEREUNDER FOR AT LEAST SIX (6) YEARS AFTER FINAL PAYMENT IN ACCORDANCE WITH LA. R.S. 44:36, PRESERVATION OF RECORDS.

IT IS ACKNOWLEDGED BY THE CONTRACTOR AND SELH THAT CONTRACTOR IS AN "INDEPENDENT CONTRACTOR" AND NOTHING IN THIS SOLICITATION AND SUBSEQUENT PURCHASE ORDER IS INTENDED NOR SHALL BE CONSTRUED TO CREATE AN EMPLOYER/EMPLOYEE RELATIONSHIP, A JOINT VENTURE RELATIONSHIP, OR A LEASE OR A LANDLORD/TENANT RELATIONSHIP, OR TO ALLOW SELH TO EXERCISE CONTROL OR DIRECTION OVER THE MANNER OR METHOD IN WHICH CONTRACTOR PERFORMS ITS RESPONSIBILITIES UNDER THIS CONTRACT. CONTRACTOR UNDERSTANDS AND AGREES THAT FOR ITS EMPLOYEES WHO PERFORM SERVICES ON THE PREMISES OF SELH REMAIN EMPLOYEES OF AND UNDER THE CONTROL OF THE CONTRACTOR.

\*\*\*\*\* BID RESPONSE CHECKLIST \*\*\*\*\*

THIS CHECKLIST IS PROVIDED FOR THE BIDDER'S CONVENIENCE. ALL ITEMS LISTED BELOW SHOULD BE SUPPLIED IN THE BID RESPONSE.

\_\_\_\_\_ NAME AND ADDRESS OF OWNER AND OPERATOR OF LABORATORY



PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:					PAGE 17	
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00001	UNLESS SPECIFIED ELSEWHERE SHIP TO: SOUTHEAST LA. HOSPITAL CLINICAL LAB 23515 HWY 190 ADMIN BLDG / CLINICAL LAB MANDEVILLE , LA 70448  COMMODITY CODE: 961-48-018628  PROVIDE ROUTINE PHELEBOTOMY SERVICES FOR A PATIENT POPULATION OF APPROXIMATELY 150 PERSONS, AGES 7 TO 70 WITH PSYCHIATRIC, SUBSTANCE ABUSE/USE, AND MENTAL ILLNESSES, MONDAY THRU FRIDAY INCLUDING HOLIDAYS. PHELEBOTOMY SERVICES WILL BE PERFORMED AT MULTIPLE LOCATIONS ON THE GROUNDS OF SELH. THE PHELEBOTOMIST WILL BE EXPECTED TO DO A DAILY LAB DRAW LIST AND PROVIDE CHART VERIFICATION OF COMPLETION FOR EACH CLIENT. THE NUMBER OF PHELEBOTOMY SERVICES PERFORMED DAILY RANGE BETWEEN 40 TO 60 (200 TO 300 PER WEEK).	1	HOUR					

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 18
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00002	COMMODITY CODE : 961-48-018628  PROVIDE REFERRAL LAB SERVICES FOR SELH TO INCLUDE DAILY SPECIMEN PICKUP; PROVIDE SUPPLIES AND FORMS; TELEPRINTER RESULTS AT LEAST 3 TIMES A DAY; CONSULTATIONS AS NEEDED; MONTHLY SERVICE ACTIVITY REPORT GIVING QUANTITIES AND COSTS FOR EACH TEST ORDERED; MUST MEET ALL FEDERAL AND STATE LICENSING LAWS; MUST GIVE TURNAROUND (TAT) TIMES FOR ALL TESTING. TEST TOTALS ARE ALL ESTIMATED ANNUAL TOTALS.  ACETOMINOPHEN-SERUM TAT: _____ TEST CODE: _____  COMMODITY CODE: 961-48-018628 ACID PHOSPHATASE - PROST TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00003		2	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:					PAGE 19	
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00004	COMMODITY CODE: 961-48-018628  ACTH, PLASMA  TAT: _____  TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00005	COMMODITY CODE: 961-48-018628  ACUTE HEPATITIS PANEL  TAT: _____  TEST CODE: _____	75	TEST	_____	_____	_____	_____	_____
00006	COMMODITY CODE: 961-48-018628  AEROBIC BACTERIAL CULTURE  TAT: _____  TEST CODE: _____	50	TEST	_____	_____	_____	_____	_____
00007	COMMODITY CODE: 961-48-018628  AFB CULTURE  TAT: _____  TEST CODE: _____	6	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01			BIDDER:					PAGE 20
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00008	COMMODITY CODE : 961-48-018628 AFB CULTURE FEE FOR CONCENTRATION TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00009	COMMODITY CODE : 961-48-018628 AFB CULTURE FEE FOR CULTURE TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00010	COMMODITY CODE : 961-48-018628 AFB CULTURE FEE FOR SMEAR TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00011	COMMODITY CODE : 961-48-018628 ALBUMIN - SERUM TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:					PAGE 21	
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00012	COMMODITY CODE: 961-48-018628  ALDOSTERONE - PLASMA  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00013	COMMODITY CODE: 961-48-018628  ALPHA FETO PROTEIN  TAT: _____  TEST CODE: _____	6	TEST	_____	_____	_____	_____	_____
00014	COMMODITY CODE: 961-48-018628  AMITRIPTYLINE  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00015	COMMODITY CODE: 961-48-018628  AMMONIA - VENOUS  TAT: _____  TEST CODE: _____	14	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 22
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00016	COMMODITY CODE : 961-48-018628 AMYLASE, SERUM TAT: _____ TEST CODE: _____	35	TEST	_____	_____	_____	_____	_____
00017	COMMODITY CODE : 961-48-018628 ANA - ANTINUCLEAR ANTIBODIES TAT: _____ TEST CODE: _____	20	TEST	_____	_____	_____	_____	_____
00018	COMMODITY CODE : 961-48-018628 ANAEROBIC CULTURE TAT: _____ TEST CODE: _____	12	TEST	_____	_____	_____	_____	_____
00019	COMMODITY CODE : 961-48-018628 ANTIEXTRACTABLE NUCLEAR AG TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 23
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00020	COMMODITY CODE : 961-48-018628 ANTIMITOCHONDRIAL AB  TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00021	COMMODITY CODE : 961-48-018628 ANTIPLATELET / PLATELET AB, Q1  TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00022	COMMODITY CODE : 961-48-018628 ANTI-PSYCHOTIC DRUGS  TAT: _____ TEST CODE: _____	6	TEST	_____	_____	_____	_____	_____
00023	COMMODITY CODE : 961-48-018628 ANTISCLEDERODERMA - 70 AB  TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 24
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00024	COMMODITY CODE : 961-48-018628 ANTITHROMBIN III ACTIVIT  TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00025	COMMODITY CODE : 961-48-018628 ANTITHYROGLOBULIN AB  TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00026	COMMODITY CODE : 961-48-018628 ANTI-THYROID MICROSOMAL  TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00027	COMMODITY CODE : 961-48-018628 ARSENIC LEVEL - BLOOD  TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:			PAGE 25			
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00028	COMMODITY CODE: 961-48-018628  BACTERIAL ID PANEL  TAT: _____  TEST CODE: _____	36	TEST	_____	_____	_____	_____	
00029	COMMODITY CODE: 961-48-018628  BASIC METABOLIC PANEL  TAT: _____  TEST CODE: _____	458	TEST	_____	_____	_____	_____	
00030	COMMODITY CODE: 961-48-018628  BENCE JONES PROTEIN - URIN  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	
00031	COMMODITY CODE: 961-48-018628  BILIRUBIN - DIRECT ONLY  TAT: _____  TEST CODE: _____	114	TEST	_____	_____	_____	_____	

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 26
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00032	COMMODITY CODE : 961-48-018628 BILIRUBIN - TOTAL ONLY TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00033	COMMODITY CODE : 961-48-018628 BLOOD C&S - PEDIATRIC TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00034	COMMODITY CODE : 961-48-018628 BLOOD C&S ROUTINE ADULT TAT: _____ TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____
00035	COMMODITY CODE : 961-48-018628 B-TYPE NATRIURETIC PEPTIDE TAT: _____ TEST CODE: _____	21	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 27
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00036	COMMODITY CODE : 961-48-018628  BUN  TAT: _____ TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____
00037	COMMODITY CODE : 961-48-018628  BUN (UREA - SERUM)  TAT: _____ TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____
00038	COMMODITY CODE : 961-48-018628  C3 - SERUM  TAT: _____ TEST CODE: _____	6	TEST	_____	_____	_____	_____	_____
00039	COMMODITY CODE : 961-48-018628  C4 - SERUM  TAT: _____ TEST CODE: _____	6	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01			BIDDER:					PAGE 28
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00040	COMMODITY CODE : 961-48-018628 CA 15-3 SERUM TAT: _____ TEST CODE: _____	6	TEST	_____	_____	_____	_____	_____
00041	COMMODITY CODE : 961-48-018628 CA 27.29 TAT: _____ TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____
00042	COMMODITY CODE : 961-48-018628 CA-125 TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00043	COMMODITY CODE : 961-48-018628 CADMIUM, BLOOD TAT: _____ TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 29
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00044	COMMODITY CODE : 961-48-018628 CALCITONIN - SERUM TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00045	COMMODITY CODE : 961-48-018628 CAMPYLOBACTOR TAT: _____ TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____
00046	COMMODITY CODE : 961-48-018628 CARDIOLIPIN IGG TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00047	COMMODITY CODE : 961-48-018628 CARDIOLIPIN IGM TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 30
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00048	COMMODITY CODE : 961-48-018628  CARMAMAZEPINE (TEGRETOL), SERUM  TAT: _____  TEST CODE: _____	32	TEST	_____	_____	_____	_____	_____
00049	COMMODITY CODE : 961-48-018628  CBC WITH DIFF/PLATELET  TAT: _____  TEST CODE: _____	3042	TEST	_____	_____	_____	_____	_____
00050	COMMODITY CODE : 961-48-018628  CD3  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00051	COMMODITY CODE : 961-48-018628  CD4  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01			BIDDER:					PAGE 31
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00052	COMMODITY CODE : 961-48-018628  CD56+16  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00053	COMMODITY CODE : 961-48-018628  CD8  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00054	COMMODITY CODE : 961-48-018628  CEA-PLASMA  TAT: _____  TEST CODE: _____	6	TEST	_____	_____	_____	_____	_____
00055	COMMODITY CODE : 961-48-018628  CERULOPLASMIN  TAT: _____  TEST CODE: _____	6	TEST	_____	_____	_____	_____	_____

# PRICE SHEET

# INVITATION TO BID

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**BIDDER:**

**PAGE**  
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LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00056	<b>COMMODITY CODE: 961-48-018628</b> <b>CHLAMYDIA/GC (WITH REFLEX)</b> TAT: _____ TEST CODE: _____	65	TEST	_____	_____	_____	_____	_____
00057	<b>COMMODITY CODE: 961-48-018628</b> <b>CHLOROPROMAZINE, SERUM</b> TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00058	<b>COMMODITY CODE: 961-48-018628</b> <b>CHOLESTEROL, TOTAL</b> TAT: _____ TEST CODE: _____	17	TEST	_____	_____	_____	_____	_____
00059	<b>COMMODITY CODE: 961-48-018628</b> <b>CLOZAPINE (CLOZARIL)</b> TAT: _____ TEST CODE: _____	113	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01				BIDDER:				
				PAGE 33				
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00060	COMMODITY CODE: 961-48-018628 CMP PANEL FEE FOR CBC TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00061	COMMODITY CODE: 961-48-018628 CMP PANEL FEE FOR CMP TAT: _____ TEST CODE: _____	428	TEST	_____	_____	_____	_____	_____
00062	COMMODITY CODE: 961-48-018628 CMP PANEL FEE FOR RPR TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00063	COMMODITY CODE: 961-48-018628 CMP PANEL FEE FOR TP + TSH TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01				BIDDER:					PAGE 34
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT		
00064	COMMODITY CODE: 961-48-018628 CMP+TP+TSH+CBC/D/PLT+RPR TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____	
00065	COMMODITY CODE: 961-48-018628 COMP. METABOLIC PANEL 14 TAT: _____ TEST CODE: _____	1200	TEST	_____	_____	_____	_____	_____	
00066	COMMODITY CODE: 961-48-018628 COPPER - URINE TAT: _____ TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____	
00067	COMMODITY CODE: 961-48-018628 CORTISOL TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____	

PRICE SHEET				INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01				BIDDER:					PAGE 35
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT		
00068	COMMODITY CODE: 961-48-018628 CORTISOL - AM TAT: _____ TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____	
00069	COMMODITY CODE: 961-48-018628 CORTISOL - FREE URINARY TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____	
00070	COMMODITY CODE: 961-48-018628 C-PEPTIDE - PLASMA TAT: _____ TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____	
00071	COMMODITY CODE: 961-48-018628 CPK MB PANEL TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____	

PRICE SHEET			INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01			BIDDER:					PAGE 36
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00072	COMMODITY CODE : 961-48-018628  CPK - SERUM  TAT: _____  TEST CODE: _____	60	TEST	_____	_____	_____	_____	_____
00073	COMMODITY CODE : 961-48-018628  CREATININE - 24HR URINE  TAT: _____  TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____
00074	COMMODITY CODE : 961-48-018628  CREATININE, SERUM  TAT: _____  TEST CODE: _____	9	TEST	_____	_____	_____	_____	_____
00075	COMMODITY CODE : 961-48-018628  CREATININE - RANDOM URINE  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01				BIDDER:					PAGE 37
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT		
00076	COMMODITY CODE: 961-48-018628  CRP  TAT: _____  TEST CODE: _____	21	TEST	_____	_____	_____	_____	_____	
00077	COMMODITY CODE: 961-48-018628  CRP HIGH SENSITIVITY  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____	
00078	COMMODITY CODE: 961-48-018628  CYTOMEGALOVIRUS (CMV) AB, IGG  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____	
00079	COMMODITY CODE: 961-48-018628  CYTOMEGALOVIRUS (CMV) AB, IGM  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____	

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 38
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00080	COMMODITY CODE : 961-48-018628 DEOXYCORTICOSTERONE TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00081	COMMODITY CODE : 961-48-018628 DESIPRAMINE, SERUM TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00082	COMMODITY CODE : 961-48-018628 DHEA TAT: _____ TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____
00083	COMMODITY CODE : 961-48-018628 DHEA - SO4 TAT: _____ TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01			BIDDER:					PAGE 39
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00084	COMMODITY CODE : 961-48-018628  DIFF - MANUAL  TAT: _____  TEST CODE: _____	191	TEST	_____	_____	_____	_____	_____
00085	COMMODITY CODE : 961-48-018628  DIRECT ANTIGLOBULIN TEST  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____
00086	COMMODITY CODE : 961-48-018628  DRUG SCREEN BLOOD - CLINICAL DRUG SCREEN DONE BY GC/MS THAT WILL DETECT PRESCRIPTION AND OVER THE COUNTER DRUGS.  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____

PRICE SHEET		INVITATION TO BID						
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:					PAGE 40	
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00087	COMMODITY CODE : 961-48-018628  DRUG SCREEN - URINE BY EMI (PCP, CANNABINIDS, COCAINE, OPIATES, AMPHETAMINES, AND METHAMPHETAMINES.)  TAT: _____  TEST CODE: _____	251	TEST	_____	_____	_____	_____	_____
00088	COMMODITY CODE : 961-48-018628  DRUGS OF ABUSE SCREEN - URINE (OPIATES, COCAINE, BENZODIAZEPINE, CANNABINIDS, AMPHETAMINES, METHAMPHETAMINES, BARBITURATES, PHENCYCLIDINE, PROPOXPHENE.)  TAT: _____  TEST CODE: _____	8	TEST	_____	_____	_____	_____	_____
00089	COMMODITY CODE : 961-48-018628  URINALYSIS, COMPLETE  TAT: _____  TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:					PAGE 41	
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00090	COMMODITY CODE: 961-48-018628 E TEST SUSCEPTIBILITY STUDY TAT: _____ TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____
00091	COMMODITY CODE: 961-48-018628 EBV ACUTE INFECTION ANTIBODIES TAT: _____ TEST CODE: _____	6	TEST	_____	_____	_____	_____	_____
00092	COMMODITY CODE: 961-48-018628 ELECTROLYTE PANEL TAT: _____ TEST CODE: _____	8	TEST	_____	_____	_____	_____	_____
00093	COMMODITY CODE: 961-48-018628 EPSTEIN - BARR VIRUS EARLY TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 42
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00094	COMMODITY CODE : 961-48-018628 ESTRADIOL TAT: _____ TEST CODE: _____	15	TEST	_____	_____	_____	_____	_____
00095	COMMODITY CODE : 961-48-018628 ESTROGENS, TOTAL TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00096	COMMODITY CODE : 961-48-018628 ESTRONE, SERUM TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00097	COMMODITY CODE : 961-48-018628 FACTOR VIII - RISTOCETIN C TAT: _____ TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 43
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00098	COMMODITY CODE : 961-48-018628  FAT - FECES - QUAL  TAT: _____  TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____
00099	COMMODITY CODE : 961-48-018628  FERRITIN, SERUM  TAT: _____  TEST CODE: _____	48	TEST	_____	_____	_____	_____	_____
00100	COMMODITY CODE : 961-48-018628  FIBRIN SPLIT PRODUCTS - D D  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00101	COMMODITY CODE : 961-48-018628  FOB SCREENING (GUAIAc)  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 44
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00102	COMMODITY CODE : 961-48-018628  FREE CARBAMAZEPINE  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00103	COMMODITY CODE : 961-48-018628  FSH AND LH  TAT: _____  TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00104	COMMODITY CODE : 961-48-018628  FSH, SERUM  TAT: _____  TEST CODE: _____	27	TEST	_____	_____	_____	_____	_____
00105	COMMODITY CODE : 961-48-018628  FTA/HATTS  TAT: _____  TEST CODE: _____	18	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01				BIDDER:					PAGE 45
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT		
00106	COMMODITY CODE: 961-48-018628  G6PD SCREEN - BLOOD  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____	
00107	COMMODITY CODE: 961-48-018628  GENPROBE - GC & CHLAMYDIA  TAT: _____  TEST CODE: _____	33	TEST	_____	_____	_____	_____	_____	
00108	COMMODITY CODE: 961-48-018628  GEODON  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____	
00109	COMMODITY CODE: 961-48-018628  GGTP - SERUM  TAT: _____  TEST CODE: _____	36	TEST	_____	_____	_____	_____	_____	

# PRICE SHEET

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LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00110	COMMODITY CODE: 961-48-018628 GLUCOSE - 2HR. POST PRAN TAT: _____ TEST CODE: _____	14	TEST	_____	_____	_____	_____	_____
00111	COMMODITY CODE: 961-48-018628 GLUCOSE TOLERANCE 2HR TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00112	COMMODITY CODE: 961-48-018628 GLUCOSE TOLERANCE (6 SP) TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00113	COMMODITY CODE: 961-48-018628 GLUCOSE, SERUM TAT: _____ TEST CODE: _____	21	LOT	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 47
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00114	COMMODITY CODE : 961-48-018628  GRAM STAIN  TAT: _____ TEST CODE: _____	35	LOT	_____	_____	_____	_____	_____
00115	COMMODITY CODE : 961-48-018628  GROWTH HORMONE  TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00116	COMMODITY CODE : 961-48-018628  GTT-FBS, 1HR AND 2 HR GL  TAT: _____ TEST CODE: _____	8	TEST	_____	_____	_____	_____	_____
00117	COMMODITY CODE : 961-48-018628  H PYLORI, IGG ABS  TAT: _____ TEST CODE: _____	11	TEST	_____	_____	_____	_____	_____



PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 49
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00122	COMMODITY CODE : 961-48-018628  HBS AG - MAYO  TAT: _____  TEST CODE: _____	6	TEST	_____	_____	_____	_____	_____
00123	COMMODITY CODE : 961-48-018628  HBV CORE AB, IGG/IGM DIFF  TAT: _____  TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00124	COMMODITY CODE : 961-48-018628  HCG, BETA, QUAL, SERUM  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____
00125	COMMODITY CODE : 961-48-018628  HCV - AB SUPPLEMENTAL TE  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:					PAGE 50	
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00126	COMMODITY CODE: 961-48-018628 HCV QUANTASURE PLUS (NON-GRAPH) TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00127	COMMODITY CODE: 961-48-018628 HCV RNA BY PCR QUANTITAT TAT: _____ TEST CODE: _____	21	TEST	_____	_____	_____	_____	_____
00128	COMMODITY CODE: 961-48-018628 HCV RNA,PCR, QUALITATIVE TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00129	COMMODITY CODE: 961-48-018628 HDL CHOLESTEROL TAT: _____ TEST CODE: _____	8	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
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LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00130	COMMODITY CODE: 961-48-018628 HEMATOPATH CONSULT PER SMEAR TAT: _____ TEST CODE: _____	9	TEST	_____	_____	_____	_____	_____
00131	COMMODITY CODE: 961-48-018628 HEMOGLOBIN A1C TAT: _____ TEST CODE: _____	258	TEST	_____	_____	_____	_____	_____
00132	COMMODITY CODE: 961-48-018628 HEMOGLOBIN SOLUABILITY TAT: _____ TEST CODE: _____	188	TEST	_____	_____	_____	_____	_____
00133	COMMODITY CODE: 961-48-018628 HEMOGLOBINOPATHY PROFILE TAT: _____ TEST CODE: _____	18	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:					PAGE 52	
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00134	COMMODITY CODE: 961-48-018628  HEMOGRAM  TAT: _____  TEST CODE: _____	306	TEST	_____	_____	_____	_____	_____
00135	COMMODITY CODE: 961-48-018628  HEP B DNA ISOLATION  TAT: _____  TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____
00136	COMMODITY CODE: 961-48-018628  HEPATIC FUNCTION PANEL (322755)  TAT: _____  TEST CODE: _____	455	TEST	_____	_____	_____	_____	_____
00137	COMMODITY CODE: 961-48-018628  HEPATITIS A AB IGG & IGM  TAT: _____  TEST CODE: _____	69	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:			PAGE 53			
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00138	COMMODITY CODE: 961-48-018628 HEPATITIS B CORE ANTIBOD TAT: _____ TEST CODE: _____	107	TEST	_____	_____	_____	_____	_____
00139	COMMODITY CODE: 961-48-018628 HEPATITIS B SURFACE AB Q TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00140	COMMODITY CODE: 961-48-018628 HEPATITIS B SURFACE ANTI TAT: _____ TEST CODE: _____	110	TEST	_____	_____	_____	_____	_____
00141	COMMODITY CODE: 961-48-018628 HEPATITIS C ULTRAQUANT TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01				BIDDER:					PAGE 54
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT		
00142	COMMODITY CODE: 961-48-018628 HEPATITIS C VIRUS GENOTYPING TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____	
00143	COMMODITY CODE: 961-48-018628 HEPATITIS PANEL (4) (322755) TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____	
00144	COMMODITY CODE: 961-48-018628 HEPATITIS PROFILE C - HEPATITIS C ANTIBODY TAT: _____ TEST CODE: _____	108	TEST	_____	_____	_____	_____	_____	
00145	COMMODITY CODE: 961-48-018628 HEPPAN5+HAV,IGM + HCV - NOTE: ANTI HEPATITIS A VIRUS TOTAL AND IGM PANEL TO INCLUDE: ANTI HEPATITIS A VIRUS TOTAL & IGM, HEPATITIS A VIRUS IGM AND HEPATITIS C ANTIBODY. TAT: _____	1	TEST	_____	_____	_____	_____	_____	

PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:					PAGE 55	
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00146	TEST CODE: _____  COMMODITY CODE: 961-48-018628  HEREDITARY GENE ANALYSIS (HEREDITARY HEMOCHROMATOSIS GENE - 'HEF GENE')  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00147	COMMODITY CODE: 961-48-018628  HERPES SIMPLEX, TYPE 1  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____
00148	COMMODITY CODE: 961-48-018628  HERPES SIMPLEX, TYPE 2  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
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LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00149	COMMODITY CODE: 961-48-018628  HGB SOLUABILITY + REFLEX TO HGB FRACT  TAT: _____  TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00150	COMMODITY CODE: 961-48-018628  HIV 1/2 ABS W CONFIRM  TAT: _____  TEST CODE: _____	206	TEST	_____	_____	_____	_____	_____
00151	COMMODITY CODE: 961-48-018628  HIV-2  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____
00152	COMMODITY CODE: 961-48-018628  HIV-1/2 WESTERN BLT  TAT: _____  TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:					PAGE 57	
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00153	COMMODITY CODE: 961-48-018628  HIVFA  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00154	COMMODITY CODE: 961-48-018628  HIV-RNA QUANT  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00155	COMMODITY CODE: 961-48-018628  HOMOCYSTEINE, PLASMA  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00156	COMMODITY CODE: 961-48-018628  HPV  TAT: _____  TEST CODE: _____	6	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
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LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00157	COMMODITY CODE: 961-48-018628  HSV EIA  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____
00158	COMMODITY CODE: 961-48-018628  IG FBP-3  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____
00159	COMMODITY CODE: 961-48-018628  IGM  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____
00160	COMMODITY CODE: 961-48-018628  IMMUNOELECTROPHORESIS-UR  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01				BIDDER:					PAGE 59
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT		
00161	COMMODITY CODE: 961-48-018628  IMMUNOELECTROPHORESIS -  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____	
00162	COMMODITY CODE: 961-48-018628  IMMUNOGLOBULIN A (IGA) -  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____	
00163	COMMODITY CODE: 961-48-018628  IMMUNOGLOBULIN E (IGE) -S  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____	
00164	COMMODITY CODE: 961-48-018628  IMMUNOGLOBULIN G (IGG) -  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____	

PRICE SHEET				INVITATION TO BID				
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LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00165	COMMODITY CODE: 961-48-018628  INSULIN, FASTING  TAT: _____  TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____
00166	COMMODITY CODE: 961-48-018628  IRON AND IBC  TAT: _____  TEST CODE: _____	44	TEST	_____	_____	_____	_____	_____
00167	COMMODITY CODE: 961-48-018628  K, NA, LI  TAT: _____  TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00168	COMMODITY CODE: 961-48-018628  K, NA, LI - FEE FOR LITHIUM  TAT: _____  TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID					
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LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT		
00169	COMMODITY CODE: 961-48-018628 K, NA, LI FEE FOR POTASSIUM TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____	
00170	COMMODITY CODE: 961-48-018628 K, NA, LI - FEE FOR SODIUM TAT: _____ TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____	
00171	COMMODITY CODE: 961-48-018628 KEPPRA LEVEL TAT: _____ TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____	
00172	COMMODITY CODE: 961-48-018628 KOH PREP WET MOUNT TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____	

PRICE SHEET			INVITATION TO BID					
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LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00173	COMMODITY CODE : 961-48-018628  LACTIC ACID - PLASMA  TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00174	COMMODITY CODE : 961-48-018628  LAMOTRIGINE (LAMICTAL), SERUM  TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00175	COMMODITY CODE : 961-48-018628  LDH  TAT: _____ TEST CODE: _____	35	TEST	_____	_____	_____	_____	_____
00176	COMMODITY CODE : 961-48-018628  LEAD, BLOOD, ADULT  TAT: _____ TEST CODE: _____	62	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
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LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00177	COMMODITY CODE: 961-48-018628  LH  TAT: _____  TEST CODE: _____	32	TEST	_____	_____	_____	_____	_____
00178	COMMODITY CODE: 961-48-018628  LIPASE  TAT: _____  TEST CODE: _____	42	TEST	_____	_____	_____	_____	_____
00179	COMMODITY CODE: 961-48-018628  LIPID PANEL W LDL/HDL/HDL RATIO  TAT: _____  TEST CODE: _____	929	TEST	_____	_____	_____	_____	_____
00180	COMMODITY CODE: 961-48-018628  LITHIUM, SERUM  TAT: _____  TEST CODE: _____	650	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
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LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00181	COMMODITY CODE: 961-48-018628  LUPUS LIKE ANTICOAGULANT  TAT: _____  TEST CODE: _____	12	TEST	_____	_____	_____	_____	
00182	COMMODITY CODE: 961-48-018628  MAGNESIUM-SERUM  TAT: _____  TEST CODE: _____	42	TEST	_____	_____	_____	_____	
00183	COMMODITY CODE: 961-48-018628  MICROALBUMINURIA RANDON  TAT: _____  TEST CODE: _____	8	TEST	_____	_____	_____	_____	
00184	COMMODITY CODE: 961-48-018628  MONONUCLEOSIS TEST, QUAL. (MONO)  TAT: _____  TEST CODE: _____	5	TEST	_____	_____	_____	_____	

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 65
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00185	COMMODITY CODE : 961-48-018628  N. GONORRHOEAE - PCA  TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00186	COMMODITY CODE : 961-48-018628  NEURON SPECIFIC ENOLASE  TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00187	COMMODITY CODE : 961-48-018628  NGI HBV ULTRAQUAL  TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00188	COMMODITY CODE : 961-48-018628  NGI HCV ULTRAQUAL  TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:					PAGE 66	
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00189	COMMODITY CODE: 961-48-018628  NMR TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00190	COMMODITY CODE: 961-48-018628 NORTRIPTYLINE TAT: _____ TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____
00191	COMMODITY CODE: 961-48-018628 OCCULT BLOOD, STOOL TAT: _____ TEST CODE: _____	12	TEST	_____	_____	_____	_____	_____
00192	COMMODITY CODE: 961-48-018628 OLANZAPINE (ZYPREXAL), SERUM TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 67
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00193	COMMODITY CODE : 961-48-018628 OSMOLALITY-SERUM TAT: _____ TEST CODE: _____	6	TEST	_____	_____	_____	_____	_____
00194	COMMODITY CODE : 961-48-018628 OSMOLALITY-URINE TAT: _____ TEST CODE: _____	8	TEST	_____	_____	_____	_____	_____
00195	COMMODITY CODE : 961-48-018628 OSMOTIC FRAGILITY-ERYTH TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00196	COMMODITY CODE : 961-48-018628 OVA & PARASITE TAT: _____ TEST CODE: _____	11	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01				BIDDER:					PAGE 68
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT		
00197	COMMODITY CODE: 961-48-018628 OXCARBAZEPINE TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____	
00198	COMMODITY CODE: 961-48-018628 PAP SMEAR MATURATION INDEX TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____	
00199	COMMODITY CODE: 961-48-018628 PAP SMEAR THIN PREP TAT: _____ TEST CODE: _____	86	TEST	_____	_____	_____	_____	_____	
00200	COMMODITY CODE: 961-48-018628 PAP. ONE SLIDE TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____	

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 69
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00201	COMMODITY CODE : 961-48-018628  PHENOBARBITAL-SERUM  TAT: _____ TEST CODE: _____	12	TEST	_____	_____	_____	_____	_____
00202	COMMODITY CODE : 961-48-018628  PHENYTOIN (DILANTIN), SERUM  TAT: _____ TEST CODE: _____	30	TEST	_____	_____	_____	_____	_____
00203	COMMODITY CODE : 961-48-018628  PHOSPHORUS-SERUM  TAT: _____ TEST CODE: _____	48	TEST	_____	_____	_____	_____	_____
00204	COMMODITY CODE : 961-48-018628  PHYSICIAN READ PAP  TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 70
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00205	COMMODITY CODE : 961-48-018628  PREALBUMIN  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____
00206	COMMODITY CODE : 961-48-018628  PREGNANCY TEST-URINE  TAT: _____  TEST CODE: _____	17	TEST	_____	_____	_____	_____	_____
00207	COMMODITY CODE : 961-48-018628  PROLACTIN  TAT: _____  TEST CODE: _____	255	TEST	_____	_____	_____	_____	_____
00208	COMMODITY CODE : 961-48-018628  PROSTATE - SPECIFIC AG (PSA)  TAT: _____  TEST CODE: _____	32	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01				BIDDER:					PAGE 71
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT		
00209	COMMODITY CODE: 961-48-018628  PROTEIN C ACTIVITY  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____	
00210	COMMODITY CODE: 961-48-018628  PROTEIN ELECTROPHORESIS-  TAT: _____  TEST CODE: _____	11	TEST	_____	_____	_____	_____	_____	
00211	COMMODITY CODE: 961-48-018628  PROTEIN URINE  TAT: _____  TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____	
00212	COMMODITY CODE: 961-48-018628  PROTEIN, TOTAL - SERUM  TAT: _____  TEST CODE: _____	9	TEST	_____	_____	_____	_____	_____	

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 72
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00213	COMMODITY CODE : 961-48-018628 PROTHROMBIN TIME FINGERS TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00214	COMMODITY CODE : 961-48-018628 PSA TOTAL (REFLEX TO FREE) TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00215	COMMODITY CODE : 961-48-018628 PT AND PTT TAT: _____ TEST CODE: _____	57	TEST	_____	_____	_____	_____	_____
00216	COMMODITY CODE : 961-48-018628 PTH - CALCIUM TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 73
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00217	COMMODITY CODE : 961-48-018628  PTH - CREATININE TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00218	COMMODITY CODE : 961-48-018628  PTH - PHOSPHORUS TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00219	COMMODITY CODE : 961-48-018628  PTH - PTH TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00220	COMMODITY CODE : 961-48-018628  RAST TEST TAT: _____ TEST CODE: _____	17	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:					PAGE 74	
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00221	COMMODITY CODE: 961-48-018628 RENAL FUNCTION PANEL TAT: _____ TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____
00222	COMMODITY CODE: 961-48-018628 RENIN TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00223	COMMODITY CODE: 961-48-018628 RETICULOCYTE COUNT TAT: _____ TEST CODE: _____	27	TEST	_____	_____	_____	_____	_____
00224	COMMODITY CODE: 961-48-018628 RHEUMATOID FACTOR TAT: _____ TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:					PAGE 75	
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00225	COMMODITY CODE: 961-48-018628  RISPERDAL  TAT: _____  TEST CODE: _____	8	TEST	_____	_____	_____	_____	_____
00226	COMMODITY CODE: 961-48-018628  RISPERIDONE  TAT: _____  TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00227	COMMODITY CODE: 961-48-018628  RISTOCETIN CO FACTOR  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00228	COMMODITY CODE: 961-48-018628  RPR  TAT: _____  TEST CODE: _____	468	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01				BIDDER:					PAGE 76
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT		
00229	COMMODITY CODE: 961-48-018628  RPR TITER  TAT: _____  TEST CODE: _____	12	TEST	_____	_____	_____	_____	_____	
00230	COMMODITY CODE: 961-48-018628  SALMONELLA/SHIGELLA  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____	
00231	COMMODITY CODE: 961-48-018628  SED RATE  TAT: _____  TEST CODE: _____	39	TEST	_____	_____	_____	_____	_____	
00232	COMMODITY CODE: 961-48-018628  SGOT (AST) TRANSAMINASE- TAT: _____  TEST CODE: _____	6	TEST	_____	_____	_____	_____	_____	

PRICE SHEET			INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01			BIDDER:					PAGE 77
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00233	COMMODITY CODE : 961-48-018628 SGPT (ALT) TRANSAMINASE TAT: _____ TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____
00234	COMMODITY CODE : 961-48-018628 SJOEGREN'S AB, ANTI-SS-A/SS-B TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00235	COMMODITY CODE : 961-48-018628 SODIUM - RANDOM URINE TAT: _____ TEST CODE: _____	8	TEST	_____	_____	_____	_____	_____
00236	COMMODITY CODE : 961-48-018628 SODIUM - SERUM TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 78
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00237	COMMODITY CODE : 961-48-018628  SOMA  TAT: _____ TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____
00238	COMMODITY CODE : 961-48-018628  SOMATOMEDIN - C  TAT: _____ TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____
00239	COMMODITY CODE : 961-48-018628  STAT CHARGE  TAT: _____ TEST CODE: _____	1	EACH	_____	_____	_____	_____	_____
00240	COMMODITY CODE : 961-48-018628  STRATTERA  TAT: _____ TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 79
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00241	COMMODITY CODE : 961-48-018628  SULFONYLUREA HYPOGLYCEMICS  TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00242	COMMODITY CODE : 961-48-018628  SUSCEPTIBILITY - GNKB  TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00243	COMMODITY CODE : 961-48-018628  SUSCEPTIBILITY - GPMIC  TAT: _____ TEST CODE: _____	48	TEST	_____	_____	_____	_____	_____
00244	COMMODITY CODE : 961-48-018628  T3, REVERSE TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 80
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00245	COMMODITY CODE : 961-48-018628 T3-SERUM, FREE TAT: _____ TEST CODE: _____	18	TEST	_____	_____	_____	_____	_____
00246	COMMODITY CODE : 961-48-018628 TESTOSTERONE TAT: _____ TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____
00247	COMMODITY CODE : 961-48-018628 TESTOSTERONE - FREE TAT: _____ TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____
00248	COMMODITY CODE : 961-48-018628 TESTOSTERONE - TOTAL TAT: _____ TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 81
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00249	COMMODITY CODE : 961-48-018628 THYROID BINDING GLOBULIN  TAT: _____ TEST CODE: _____	6	TEST	_____	_____	_____	_____	_____
00250	COMMODITY CODE : 961-48-018628 THYROID PANEL FEE FOR T3 UPTAKE  TAT: _____ TEST CODE: _____	606	TEST	_____	_____	_____	_____	_____
00251	COMMODITY CODE : 961-48-018628 THYROID PANEL FEE FOR T4  TAT: _____ TEST CODE: _____	447	TEST	_____	_____	_____	_____	_____
00252	COMMODITY CODE : 961-48-018628 THYROID PANEL FEE FOR TSH  TAT: _____ TEST CODE: _____	914	TEST	_____	_____	_____	_____	_____

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 82
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00253	COMMODITY CODE : 961-48-018628  THYROID PANEL WITH TSH  TAT: _____  TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00254	COMMODITY CODE : 961-48-018628  THYROTROPIN RECEPTOR AB, SERUM  TAT: _____  TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00255	COMMODITY CODE : 961-48-018628  THYROXINE FREE  TAT: _____  TEST CODE: _____	390	TEST	_____	_____	_____	_____	_____
00256	COMMODITY CODE : 961-48-018628  TISSUE TRANSGLUTAMINASE  TAT: _____  TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01				BIDDER:					PAGE 83
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT		
00257	COMMODITY CODE: 961-48-018628  TOPIRAMATE  TAT: _____  TEST CODE: _____	29	TEST	_____	_____	_____	_____	_____	
00258	COMMODITY CODE: 961-48-018628  TOTAL CARBAMAZEPINE  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____	
00259	COMMODITY CODE: 961-48-018628  TOXOPLASMA GONDII IGG&IG  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____	
00260	COMMODITY CODE: 961-48-018628  TRANSFERRIN - SERUM  TAT: _____  TEST CODE: _____	14	TEST	_____	_____	_____	_____	_____	

PRICE SHEET			INVITATION TO BID					
<div>NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01</div>			BIDDER:					PAGE 84
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT	
00261	COMMODITY CODE : 961-48-018628  TRICHROME STAIN  TAT: _____  TEST CODE: _____	6	TEST	_____	_____	_____	_____	_____
00262	COMMODITY CODE : 961-48-018628  TRIGYCERIDES  TAT: _____  TEST CODE: _____	20	TEST	_____	_____	_____	_____	_____
00263	COMMODITY CODE : 961-48-018628  TRILEPTAL  TAT: _____  TEST CODE: _____	24	TEST	_____	_____	_____	_____	_____
00264	COMMODITY CODE : 961-48-018628  TROTROPINI  TAT: _____  TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:					PAGE 85	
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00265	COMMODITY CODE: 961-48-018628  URIC ACID, SERUM  TAT: _____  TEST CODE: _____	15	TEST	_____	_____	_____	_____	_____
00266	COMMODITY CODE: 961-48-018628  URINALYSIS WITHOUT SEDIM  TAT: _____  TEST CODE: _____	54	TEST	_____	_____	_____	_____	_____
00267	COMMODITY CODE: 961-48-018628  URINALYSIS, COMPLETE  TAT: _____  TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00268	COMMODITY CODE: 961-48-018628  URINALYSIS, ROUTINE  TAT: _____  TEST CODE: _____	209	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:			PAGE 86			
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00269	COMMODITY CODE: 961-48-018628  URINE CULTURE, ROUTINE  TAT: _____  TEST CODE: _____	99	TEST	_____	_____	_____	_____	_____
00270	COMMODITY CODE: 961-48-018628  URINE MICROSCOPIC  TAT: _____  TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____
00271	COMMODITY CODE: 961-48-018628  VALPROIC ACID (TOTAL AND FREE)  TAT: _____  TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00272	COMMODITY CODE: 961-48-018628  VALPROIC ACID (DEPAKOTE), SERUM  TAT: _____  TEST CODE: _____	929	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID				
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01		BIDDER:					PAGE 87	
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT	
00273	COMMODITY CODE: 961-48-018628 VANCOMYCIN PEAK-SERUM TAT: _____ TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____
00274	COMMODITY CODE: 961-48-018628 VANCOMYCIN TROUGH-SERUM TAT: _____ TEST CODE: _____	3	TEST	_____	_____	_____	_____	_____
00275	COMMODITY CODE: 961-48-018628 VARICELLA-ZOSTER AB, IGM TAT: _____ TEST CODE: _____	1	TEST	_____	_____	_____	_____	_____
00276	COMMODITY CODE: 961-48-018628 VITAMIN B12 AND FOLATE TAT: _____ TEST CODE: _____	47	TEST	_____	_____	_____	_____	_____

PRICE SHEET				INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01				BIDDER:					PAGE 88
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL=QTY X UNIT AMT		
00277	COMMODITY CODE: 961-48-018628  VITAMIN D - 25 HYDROXY S  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____	
00278	COMMODITY CODE: 961-48-018628  VOLUME/MEASURE, TIMED CO (VOLUME MEASUREMENT OF A TIMED URINE COLLECTION)  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____	
00279	COMMODITY CODE: 961-48-018628  VON WILL FACTOR AG  TAT: _____  TEST CODE: _____	2	TEST	_____	_____	_____	_____	_____	
00280	COMMODITY CODE: 961-48-018628  WBC - FECES  TAT: _____  TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____	

PRICE SHEET				INVITATION TO BID					
NUMBER : 2237676 OPEN DATE : 12/17/09 T-NUMBER : SEH01				BIDDER:					PAGE 89
LINE NO	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE AMOUNT	TURNAROUND TIME (TAT)	LIST PRICE AMOUNT	TOTAL-QTY X UNIT AMT		
00281	COMMODITY CODE: 961-48-018628  WELLBUTRIN  TAT: _____  TEST CODE: _____	5	TEST	_____	_____	_____	_____	_____	
00282	COMMODITY CODE: 961-48-018628  WET PREP  TAT: _____  TEST CODE: _____	81	TEST	_____	_____	_____	_____	_____	
00283	COMMODITY CODE: 961-48-018628  PERCENT DISCOUNT OFF LIST PRICE FOR ANY OTHER TESTS ORDERED.  ALL TEST QUANTITIES ARE ESTIMATED ANNUAL USE. DELIVERY WILL BE AS NEEDED.	1	LOT	_____	_____	_____	_____	_____	
00284	COMMODITY CODE: 961-48-018628  UPCHARGE FOR EMERGENCY STAT. THIS IS IN ADDITION TO THE TEST. TAT: _____	1	EACH	_____	_____	_____	_____	_____	